2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** P97000107121 1. Entity Name THREE E CORPORATION 04-29-2002 90185 023 ***150.00 Principal Place of Business Mailing Address 4305 NEPTUNE ROAD 4305 NEPTUNE ROAD SAINT CLOUD FL 34769 SAINT CLOUD FL 34769 DUUOUUAJ US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3496570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent LENTZ, JAMES L Street Address (P.O. Box Number is Not Acceptable) **4305 NEPTUNE ROAD** SAINT CLOUD FL 34769 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition LENTZ, JAMES L NAME NAME 4305 NEPTUNE ROAD STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LENTZ, MARTHA E NAME NAME 4305 NEPTUNE ROAD STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP TITLE: Delete == TITLE **- ** ** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like endowered.

CITY-ST-ZIP

STREET ADDRESS

resider

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

407-891-16 16 Dayling Phone #

☐ Change

Addition