2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073873

1. Entity Name

BO 1110	ELECTRODICEO MIO	
	ENTERPRISES INC.	

PITTS, RON

(See criteria on back)

11.

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

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CITY-ST-ZIP

8532 139TH LANE NORTH SEMINOLE FL 33776-2916

9. This corporation is eligible to satisfy its Intangible

PITTS, RONALD R

8532 139 LANE NORTH

SEMINOLE FL 33776-2916

Tax filing requirement and elects to do so.

HOND ENTERPRISES IN Mailing Address Principal Place of Business 8532 139 LANE NORTH 139 LANE NORTH SEMINOLE FL 33776-2916 SEMINOLE FL 33776-2916 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip

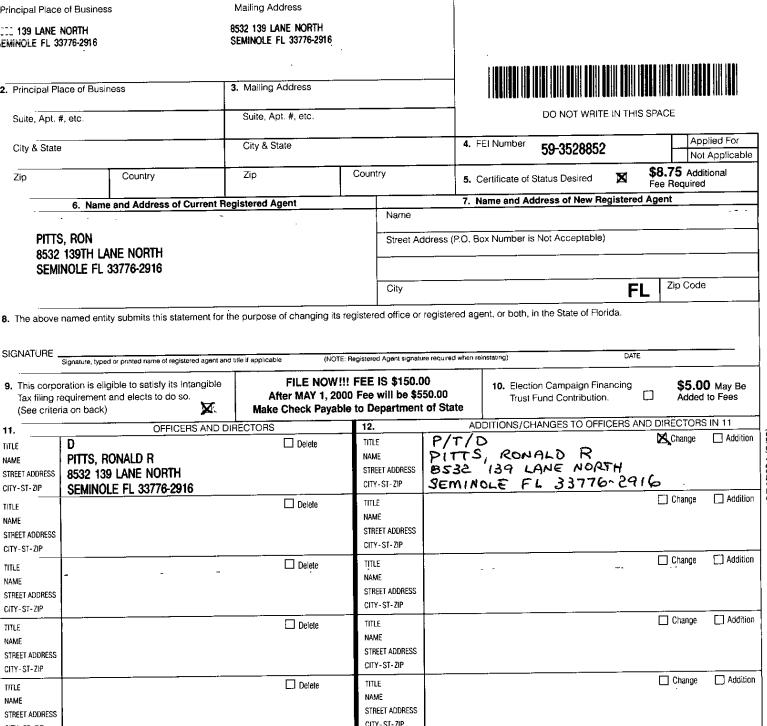
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90148 004 ***158.75



13. I hereby certify that the information supplied with this filing 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI F

NAME

TITLE

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STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition