

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 27, 2001 8:00 am  
Secretary of State  
03-27-2001 90658 006 \*\*\*150.00

DOCUMENT # P98000090948  
Entity Name  
THE GUARANTEED PURCHASE PROGRAM, INC.

Principal Place of Business  
407 LAKE HOWELL ROAD  
MAITLAND, FL 32751

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
USA

4. FEI Number  
59-3547595  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BARON R. LUCKENBACH  
407 LAKE HOWELL RD.  
MAITLAND, FL 32751

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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  
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 Tax filing requirement and elects to do so. (See criteria on back) ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS  
TITLE NAME  
President  
Stephen M. Luckenbach  
2142 Easthill Avenue  
Channahon, IL 61520  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME  
President  
Stephen M. Luckenbach  
407 Lake Howell Rd.  
Maitland, FL 32751  
Change Addition

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.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2E034 (11/00)