

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000105202**1. Entity Name
ITEM 6 INC.**Principal Place of Business**410 NORTH DT
STE 146
LONGWOOD FL
32750 US**Mailing Address**410 NORTH DT
STE 146
LONGWOOD FL
32750 US**2. Principal Place of Business**

410 NORTH ST

3. Mailing Address

410 NORTH ST

Suite, Apt. #, etc.

STE 146

Suite, Apt. #, etc.

STE 146

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32750

Country

US

Zip

32750

Country

US

4. FEI Number

59-3559191

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSAUNDERS ALTON
418 SEVILLE AVE.ALTAMONTE SPRINGS FL
32714**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City**

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

04/28/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STVP	<input type="checkbox"/> Delete
NAME	SAUNDERS ESTHER	
STREET ADDRESS	418 SEVILLE AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAUNDERS ALTON M	
STREET ADDRESS	418 SEVILLE AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32719	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Alton M Saunders

P

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)