

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90182 003 \*\*\*150.00

**DOCUMENT # P98000105202**

1. Entity Name  
**ITEM 6 INC.**

Principal Place of Business

**410 NORTH ST  
 STE 146  
 LONGWOOD FL 32750  
 US**

Mailing Address

**410 NORTH ST  
 STE 146  
 LONGWOOD FL 32750  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3559191**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUNDERS, ALTON  
 418 SEVILLE AVE.  
 ALTAMONTE SPRINGS FL 32714**

Name **Alton Saunders**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1492 Chippewa Lane**  
**Geneva FL**  
 City **FL** Zip Code **32732**

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. I am familiar with, and accept the obligations of registered agent.

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **SAUNDERS, ALTON M**  
 STREET ADDRESS **418 SEVILLE AVENUE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32719**

TITLE **P** ☐ Change ☐ Addition  
 NAME **ALTON M SAUNDERS**  
 STREET ADDRESS **1492 Chippewa Lane**  
 CITY-ST-ZIP **Geneva FL 32732**

TITLE **STVP** ☐ Delete  
 NAME **SAUNDERS, ESTHER**  
 STREET ADDRESS **418 SEVILLE AVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **STVP** ☐ Change ☐ Addition  
 NAME **ESTHER SAUNDERS**  
 STREET ADDRESS **1492 CHIPPEWA LANE**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/05/02 407.349.1355**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 6012809

DOCUMENT # P98000105202

1. Entity Name  
ITEM 6 INC.

Principal Place of Business

410 NORTH ST  
STE 148  
LONGWOOD FL 32750  
US

Mailing Address

410 NORTH ST  
STE 148  
LONGWOOD FL 32750  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3559191

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS, ALTON  
418 SEVILLE AVE.  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Alton Saunders  
Street Address (P.O. Box Number is Not Acceptable)  
1492 Chippewa Lane  
City: Geneva FL Zip Code: 32732

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)

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, 2002 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 P  
NAME SAUNDERS, ALTON M  
STREET ADDRESS 418 SEVILLE AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32719 ☐ Delete

TITLE STVP  
NAME SAUNDERS, ESTHER  
STREET ADDRESS 418 SEVILLE AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ALTON SAUNDERS  
STREET ADDRESS 1492 Chippewa Lane  
CITY-ST-ZIP Geneva FL 32732 ☒ Change ☐ Addition

TITLE STVP  
NAME Esther Saunders  
STREET ADDRESS 1492 Chippewa Lane  
CITY-ST-ZIP Geneva FL 32732 ☒ Change ☐ Addition

1848

ITEM 6 INC.  
418 SEVILLE AVENUE PH. 407-788-8994  
ALTAMONTE, FL 32714

DATE 4/17/02

63-1377/631

PAY TO THE ORDER OF Department of State  
One hundred fifty dollars — \$150.00



2859 S. Delaney Avenue  
Orlando, FL 32806  
For Account Information Call 1-800-461-8401

FOR 59-3559191

001848 063113772

06033369

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02 407-349-1355

Date

Daytime Phone #

# THE LADDERS COMPANION™

BY ITEM 6, INC.

Attachment

Doc. # 978000105202  
B0128098

June 5<sup>th</sup>, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 59-3559191 Renewal

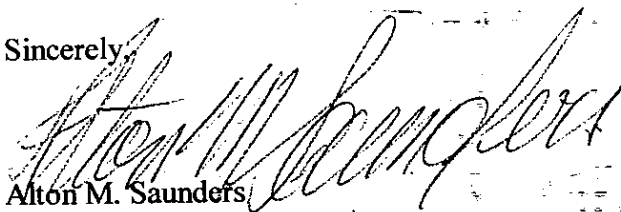
To Whom It May Concern:

I am writing to you today based upon a conversation I had with your office in reference to the renewal of my corporation.

Back on April 17<sup>th</sup>, 2002 I mailed of the renewal for the corporation, but in today's mail I received another renewal. When I called your office you stated for me to send you my copies of the previous mailing, along with a new form and check which I have now enclosed.

Thank you for all your help. If you need any further documentation please contact me at 321-229-9106.

Sincerely,

  
Alton M. Saunders  
President