

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91742 024 ***150.00

DOCUMENT # P99000038628

1. Entity Name
ENCON INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
409 WOODSTEAD CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
409 WOODSTEAD CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number
59-3571911

Applied For
Not Applicable

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

Zip
32779

Country
USA

Zip
32779

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLITS, CHARLES W.

Street Address (P.O. Box Number is Not Acceptable)
1407 EAST ROBINSON STREET

City
ORLANDO

FL

Zip Code
32801-2118

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	CEO/D/C PRIEST, JOHN W. 409 WOODSTEAD CIRCLE LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLITS, CHARLES W. 1407 EAST ROBINSON STREET ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAIKIND, LEONARD S. 2600 SOUTH GESSNER STE 506 HOUSTON, TX 77063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, JAMES H., III 4212 GRANT BLVD ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, MARK R. 2600 SOUTH GESSNER STE 506 HOUSTON, TX 77063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFETT, A.J. 1620 L STREET NW, STE 1210 WASHINGTON, DC 20036	TITLE 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 on an attachment with an address, with all other title empowered.

SIGNATURE:  **JOHN W. PRIEST 5/15/02 (407) 772-6623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)