

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91897 033 ***150.00

DOCUMENT # P99000038628

1. Entity Name

ENCON INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
151 Villa Di Este Terrace

3. Mailing Address
151 Villa Di Este Terrace

Suite, Apt. #, etc.
113

Suite, Apt. #, etc.
113

City & State
Lake Mary, FL

City & State
Lake Marv, FL

4. FEI Number 59-3571911

Applied For
Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Charles, W. Willits

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. 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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D/C John W. Priest 151 Villa Di Este Terrace, # 113 Lake Mary, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles W. Willits 1407 East Robinson Street Orlando, FL 32801-2118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leonard S. Chaikind 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 James H. Copeland, III 4212 Grant Blvd Orlando, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark R. Palmer 2 South Briar Hollow Lane # 6 Houston, TX 77027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Priest, CEO

4/29/03

407-833-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)