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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am DOCUMENT # P99000047099 Secretary of State PENSACK ENTERPRISES INC. 04-11-2001 90061 009 ***150.00 Principal Place of Business Mailing Address 104 PRIMPOSE DR. 104 PRIMROSE DR. LONGWOOD FL 32779 LONGWOOD PL 3277 **UUUZ844**2 2. Principal Place of Business 1676 CHERRY RIDGE DR 1676 CHERRY RIDGE DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number **5**7-3579453 Applied For HEATHROW, HEATHROW Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENSACK, IRWIN Street Address (P.O. Box Number is Not Acceptable) 1676 CHERRY RIGEBR - 104 PRIMROSE DR. HEATHROW, 71 32746 -- LONGWOOD FL 32779-Zip Code City 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 <u> 3-26-01</u> (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete TITLE PENSACK, IRWIN NAME NAME 1676 CHERRY RIGGE DR. HEATHROW, 76 32746 STREET ADDRESS STREET ADDRESS 104 PRIMROSE DR. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Change ☐ Delete TITLE TITLE NAME 1676 CHERRY RIDGE DR HEATHROW, 72 32746 PENSACK, JUDY STREET ADDRESS STREET ADDRESS 104 PRIMROSE DR. CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32779 -Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a address, with all other like empowered.