2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90871 005 ***150.00

755495

DOCUMENT # P99000052466

1. Entity Name
EMBER ENDERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
902 MC CLINTOCK ST	% J. MICHAEL HARTMAN
Suite, Apt # etc.	Suite, Apt # etc. 312 W. FIRST ST #612
City & State LONGWOOD, FL	City & State SANFORD, FL
Zip 32750 Country SEMINOLE	Zip 32771 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

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 J. MICHAEL HARTMAN
Street Address (P.O. Box Number is Not Acceptable) ~~312 W. FIRST STREET~~
SUITE 612
City SANFORD FL Zip Code 32771

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 ______________________________ DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

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	D P TIMOTHY ORRANGE 902 MC CLINTOCK ST ~~LONGWOOD, FL 32750~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP J. MICHAEL HARTMAN 312 W. FIRST ST SUITE 612 SANFORD, FL 32750	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 like empowered.

SIGNATURE: [signature] 03-21-02 407-767-5803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #