2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000068092

1. Entity Name

FTL ENTERPRISES, INC



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90066 024 ***150.00

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| Suria, Apt. 4, etc. City & State Applied For Total Address of New Registered Appent Total Applied For Total App | 2780 € FOWLER AVE #234 | | | 2780 É FOWLER AVE #234 | | | | | | | | |
| City & State City & State City & State City & State A. FEI Number S9-3589272 Application Name Application Name S8.75 Additional Fee Required Fee | 2. Principal I | Place of Busines | SS | 3. Mailing Address | | | - | | | | | |
| Sp. 359359272 Poor. Applicable Poor. Applicab | Suite, Apt | . #, etc. | • • | Suite, Apt. #, etc. | | | - | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| Second S | City & Sta | te | | City & State | | | 59-3592272 | | | | | 7 |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | Zip | | Country | Zip | ntry | 5. | Certificate of Status Desired | | 8.75 Ad | lditional | 1 | |
| Name | | 6. Name a | nd Address of Curren | t Registered Agent | | | 7. 1 | Name and Address of New Re | | | | 1 |
| 1208 N CR 427 LONGWOOD FL 32750 8. The above named entity submits hisy statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature | | | · | | | Name | | | <u> </u> | | | 1 |
| City FL Zip Code 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. Lamiliar with, and accept the obligations of registered agent and its 7 applicable. Signature Supruse Special part Speci | | · - | | | Street Address | ss (P.O. Box Number is Not Acceptable) | | | | | 1 | |
| City FL Zip Code 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. Lamiliar with, and accept the obligations of registered agent and its 7 applicable. Signature Supruse Special part Speci | LONGWO | OD FL 32750 | ı | | | | | | | | | 1 |
| THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. THE NAME LEGER, FRANCIS SIREET ADDRESS OUTY-\$1-2P TITLE D LEGER, CHRISTINA SIREET ADDRESS OUTY-\$1-2P TITLE MAME SIREET ADDRESS OUTY-\$1-2P | | | • | | | City | | | FL | Zip Cod | de | |
| FILE NOW!! FEE IS. \$150.00 May Ba Addetion Fees May 1, 2003 Fee will be \$55.00 May Ba Addetion Fees May 1, 2003 Fees | 8. The above the obligat | named entity s tions of register | submits this statement led agent. | for the purpose of changing it | s register | ed office or registe | ered ag | ent, or both, in the State of Flori | ida. I am far | niliar with, | , and accept | |
| After May 1, 2003 Fee will be \$550.00 May Ba Added to Flees' Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS | SIGNATURE | Signature, typed or p | printed name of registered agen | nt and title if applicable. (NO | TE: Registere | d Agent signature require | ed when re | instating) | DATE | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D LEGER, FRANCIS 28035 FOG HOLLOW DR WESLEY CHAPEL FL 33543 CITY-ST-2IP TITLE NAME SIRECT ADDRESS CITY-ST-2IP | Afte | r May 1, 2003 | Fee will be \$550.00 | में स | | | 72 <u>1</u> 2 | l | | | | - |
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| | i | ertify that the in | formation supplied with | n this filing does not qualify to | | | ection 1 | 19.07/3\/ii\ Florido Statutos 14 | uthar andit | that the | nfavonation | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Leges

3-12-03

813-907-1314

Davidson Observat