

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90118 047 \*\*\*150.00

**DOCUMENT # P99000068393**

1. Entity Name  
**GARENDON ENTERPRISES, INC.**

Principal Place of Business  
**4717 US HIGHWAY 27 N  
SUITE E-6  
DAVENPORT FL 33837**

Mailing Address  
**4717 US HIGHWAY 27 N  
SUITE E-6  
DAVENPORT FL 33837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *changed by 911*  
**43358 US Hwy 27**  
Suite, Apt. #, etc.

3. Mailing Address  
**43358 US Hwy 27**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3590728**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**LAVIGNE, JAMES R  
5301 CONROY RD  
SUITE 140  
ORLANDO FL 32811**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. 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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HASSALL, ANDREW**  
STREET ADDRESS **4717 US HIGHWAY 27 N SUITE E-6**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 an address, with another like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-24-02 863 420 2000**

Date

Daytime Phone #

CR2E034 (4/02)

Blackman

926784  
#P99000068393

Dear Sir

This is the first file report I have recieved this year. After calling the telephone number on the front of the application, I was told to return the the report with \$150.00 and a letter. I apologise that this is late but as I did not recieve the first and was in the process of changing my accountant it was forgotten to check this item had been recieved. I did have some empty units on my address area at this time and it may have indirectly been delivered to the vacant units and never returned to our address. The postal delivery person has also changed and as so much time has elapsed no one would remember if they had seen this form.

Blackman