

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90061 029 ***158.75

DOCUMENT # P99000068393

1. Entity Name
GARENDON ENTERPRISES, INC.



Principal Place of Business
**43358 US HW 27
DAVENPORT FL 33837**

Mailing Address
**43358 US HW 27
DAVENPORT FL 33837**

2. Principal Place of Business

43358 Contempo Plaza

3. Mailing Address

43358 Contempo Plaza

Suite, Apt. #, etc.

US Hwy 27

Suite, Apt. #, etc.

US Hwy 27

City & State

Davenport

City & State

Davenport

Zip

FL 33837

Country

Zip

FL 33837

Country

4. FEI Number **59-3590728**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MR A E HASSALL**

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

15117 GREATER GROVES BLVD

City **CHERMONT**

FL

Zip Code

34711

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

04-18-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **HASSALL, ANDREW**
STREET ADDRESS **4717 US HIGHWAY 27 N SUITE E-6**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/03

Date

863 420 2000

Daytime Phone #

CR2E034 (10/02)