2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am DOCUMENT # P99000092275 Secretary of State 1. Entity Name 02-10-2002 90028 024 ***150.00 ENCORE ENTERPRISES, INC. Principal Place of Business Mailing Address 4621 NE 7TH AVE 4621 NE 7TH AVE OCALA FL 34479 OCALA FL 34479 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3604520 Not Applicable Zip Country Zip Country \$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 MCKINNEY, DERWARD J Street Address (P.O. Box Number is Not Acceptable) 4621 NE 7TH AVE. OCALA FL 34479 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete Change ☐ Addition TITLE TIT! F CKINNEY, DERWALD J. NAME MCKINNEY, DERWARD J NAME 46ZINE THAUE STREET ADDRESS STREET ADDRESS 4621 NE 7TH AVE. OCALA FL 34479 CITY-ST-ZIP CITY-ST-7IP OCALA FL 34479 ☐ Addition Change ☐ Delete TITLE TITLE VPSD NAME NAME MCKINNEY, PATRICIA C STREET ADDRESS STREET ADDRESS 4621 NE 7TH AVE CITY-ST-7IP CITY-ST-ZIP **OCALA FL 34479** Delete TITLE [] Change ☐ Addition TITLE NAME NAME MCKINNEY, DERNARD J STREET ADDRESS STREET ADDRESS 4621 NE 7TH AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34479 Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplied that it is an 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 of 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 all other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #