## 2001 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ May 22, 2001 8:00 am Secretary of State DOCUMENT # P99000 103902 793 Enterprises Incorporated 5-22-2001 90048 043 \*\*\*150.00 Principal Place of Business PO Box 916602 PO Box 916602 Longwood FL32791- Longwood FL32791-6602 770208 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3612623 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kane, John F 793 Swaying Palm Drive Apopka FL 32712 Street Address (P.O. Box Number is Not Acceptable) City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After,MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (11/00) Addition Change TITLE TITLE NAME IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Addition TITLE ☐ Change ITLE NAME JAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP HTY-ST-ZIP ☐ Change Addition TILE ☐ Delete NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Addition Change TLE ☐ Defete NAME TREET ADDRESS STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ME ☐ Delete TITLE NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TLE NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP 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 all other like empowered. IGNATURE:

YURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR