2001 UNIFORM BUSINESS REPORT (UBR)

Aug 17, 2001 8:00 am Secretary of State S64597 DOCUMENT # 1. Entity Name THEODORE FORTIN ENTERPRISES, INC. 08-17-2001 90001 001 ***550.00 Principal Place of Business Mailing Address 11541 OAK PARK DR 03642 TROUT AVE. JACKSONVILLE FL 32225 FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3073777 Not Applicable Žip 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 Name MORRISON, FRED A. Street Address (P.O. Box Number is Not Acceptable) 1000 WEST MAIN ST. LEESBURG FL 34748 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (5/04)☐ Delete TITLE Change ☐ Addition NAME FORTIN, THEODORE M. NAME STREET ADDRESS 03642 TROUT AVENUE STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL CITY-ST-ZIP TITLE Sec satary X Delete TITLE ☐ Addition FORTIN, JOHNAHLAM E. NAME FORTIN, MARY ELLEN NAME STREET ADDRESS 03642 TROUT AVENUE STREET ADDRESS 11541 OAK PARK OR CITY-ST-ZIP FRUITLAND PARK FL CITY-ST-ZIP JACKSMUILL -FL BZZZ VILE-President TITLE > Delete ☐ Addition NAME FORTIN, JOHN E NAME FORTIN, Johnathan STREET ADDRESS 03642 TROUT AVE STREET ADDRESS 11541 OAK PARK CITY-ST-7/P FRUITLAND PARK FL CITY-ST-ZIP JACKSON VILLE FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with

8-15-07 904-641-4160
Date Davime Phone #

FILED