

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V64528**1. Entity Name
SINENSIS INC.**FILED**
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90492 023 ***150.00

0533140

Principal Place of Business
POST OFFICE BOX 1892
WINTER HAVEN FL 33883-1892
USMailing Address
POST OFFICE 1892
WINTER HAVEN FL 33883-1892
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3145019**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PEARSON, EMBREE J., JR.
132 LINCOLN RD SE
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of StateElection Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **TS** ☐ Delete
NAME **PEARSON, EMBREE J., JR.**
STREET ADDRESS **P.O. BOX 1892**
CITY-ST-ZIP **WINTER HAVEN FL**TITLE **P** ☐ Delete
NAME **PEARSON, E.J.**
STREET ADDRESS **4327 PRO AM AVE. EAST**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PEARSON, Embree J. JR**
STREET ADDRESS **P.O. Box 1892**
CITY-ST-ZIP **Winter Haven FL**TITLE **TS** ☒ Change ☐ Addition
NAME **PEARSON E.J.**
STREET ADDRESS **4327 Pro Am Ave East**
CITY-ST-ZIP **Bradenton FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: E. J. PEARSON JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. J. PEARSON JR3/10/01

Date

863-324-2458

Daytime Phone #

CR2E034 (10/00)