

FILED
Jul 21, 2003 8:00 am
Secretary of State

06-27-2003 90049 017 ***158.75
07-21-2003 90394 001 *4,400.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000004969

1. Entity Name
ENABLE TECHNOLOGIES, INC.



Principal Place of Business
6621 SOUTHPOINT NORTH
SUITE 315
JACKSONVILLE FL 32216

Mailing Address
6621 SOUTHPOINT NORTH
SUITE 315
JACKSONVILLE FL 32216

55051877



2. Principal Place of Business

6630 Southpoint Pkwy

Suite, Apt. #, etc.

3. Mailing Address

6630 Southpoint Pkwy

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville, FL

4. FEI Number

59-3668331

Applied For

Not Applicable

Zip

32216

Country

Usual

Zip

32216

Country

Usual

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MCCLUNG, ROGER L
6621 SOUTHPOINT DR N
JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6630 Southpoint Pkwy

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
DIAZ, MICHAEL K
6621 SOUTHPOINT DR N
JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6630 Southpoint Pkwy

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
QUINN, ERIC
6621 SOUTHPOINT DR N
JACKSONVILLE FL 32216

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~6630 Southpoint Pkwy~~

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DRUSIECKI, DREW
6630 SOUTHPOINT PKWY
JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Prusiecki, Drew
6630 Southpoint Pkwy

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
FESSER, JIM
6621 SOUTHPOINT DR N
JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6630 Southpoint Pkwy

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SYNDER, GARY
6621 SOUTHPOINT DR N
JACKSONVILLE FL 32216

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~6630 Southpoint Pkwy~~

☒ Change ☐ Addition

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 OF DREW PRUSIECK

904.281.9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)