

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90077 044 ****61.25

0433942

DOCUMENT # N96000006555

1. Entity Name

ENERSEN EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1150 8TH AVE SW, UNIT 2802
 LARGO FL 33770

1150-8TH AVE SW, UNIT 2802
 LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415779

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENERSEN, ROBERT J SR
1150-8TH AVE SW, UNIT 2802
LARGO FL 33770

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 *Robert J. Enersen, Sr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 9, 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DCEO**
 STREET ADDRESS **ENERSEN, ROBERT J SR**
 CITY-ST-ZIP **1150 8TH AVE SW, UNIT 2802**
LARGO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **EVANS, KAY E**
 CITY-ST-ZIP **4616 PLANTATION DR**
FAIR OAKS CA 95628

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **EVANS, WILLIAM**
 CITY-ST-ZIP **4616 PLANTATION DR.**
FAIR OAKS FL

TITLE Change Addition
 NAME *D.V.P.S*
 STREET ADDRESS *Enersen, Donna*
 CITY-ST-ZIP *1911 Perrine St.*
Lafayette, La.

TITLE Delete
 NAME **D**
 STREET ADDRESS **ENERSEN, CORALIE L**
 CITY-ST-ZIP **1150-8TH AVE SW, UNIT 2802**
LARGO FL 33770

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DPCO**
 STREET ADDRESS **ENERSEN, GARY R**
 CITY-ST-ZIP **P O BOX 1607 N/A**
FRIDAY HARBOR WA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVPS**
 STREET ADDRESS **EMERSON, ROBERT J.JR.**
 CITY-ST-ZIP **1911 PERRINE ST**
LAFAYETTE IN 47904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: *ROBERT J. ENERSEN, SA* *1/9/02* *727.585-8055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)