

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

*SP*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -3 AM 10: 15

DOCUMENT # *P94000030770*

1. Entity Name

*Enterprise Properties, Inc.*



**DO NOT WRITE IN THIS SPACE**

200024222422  
10/29/03--01008--015 \*\*158.75

**REINSTATEMENT 2003**

2. Principal Place of Business  
*6900 Southpoint Dr. N.*

3. Mailing Address  
*P.O. Box 551428*

Suite, Apt. #, etc.  
*#200*

Suite, Apt. #, etc.

City & State  
*Jacksonville, FL*

City & State  
*Jacksonville, FL*

4. FEI Number  
*59-3238457*

Applied For  
Not Applicable

Zip  
*32216*

Country  
*Duval*

Zip  
*32255-1428*

Country  
*Duval*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Ben H. Willingham, Jr.*  
Street Address (P.O. Box Number is Not Acceptable) *6900 Southpoint Dr. North #200*  
City *Jacksonville* FL *32216*

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 *Ben H. Willingham*

*10/3/03*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
*D AL-Rays, Abdullah 6900 Southpoint Dr. N. #200 Jacksonville, FL 32216*

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
*SO Willingham Ben H. 6900 Southpoint Dr. N. #200 Jacksonville, FL 32216*

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ben H. Willingham*

*10/3/03 (904)355-3500*

CR2E034B (12/02)