

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90083 046 ***150.00

DOCUMENT # P95000004649

1. Entity Name

OFFENHAUSER ENTERPRISES, INC.

Principal Place of Business

5701 SANTA ROSA COURT
 UNIT 2A
 CAPE CORAL FL

Mailing Address

12901-12 MCGREGOR BLVD
 FT. MYERS FL 33919-4594

2. Principal Place of Business

12901-12 MCGREGOR BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL 33919

City & State

4. FEI Number

65-0551451

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OFFENHAUSER, JEFFREY T
5701 SANTA ROSA COURT
UNIT 2A
CAPE CORAL FL 33904

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

Jeffrey T. Offenhausser Pres.
 Signature, typed or printed name of registered agent and title if applicable

JEFFREY T. OFFENHAUSER, PRES
 (NOTE: Registered Agent signature required when reinstating)

4-18-00
 DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSTD** Delete
 NAME **OFFENHAUSER, JEFFREY T**
 STREET ADDRESS **5701 SANTA ROSA COURT, UNIT 2A**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

Jeffrey T. Offenhausser Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00
 Date

941-489-2729
 Daytime Phone #



DO NOT WRITE IN THIS SPACE