FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91602 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004969

1. Entity Name
Enable Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6621 Southpoint Dr. North	6621 Southpoint Dr. North
Suite, Apt. #, etc.: Ste 200	Suite, Apt. #, etc.: Ste 200
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3668331 ☐ Applied For ☐ Not Applicable

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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: CEO, D NAME: McClung, Roger L STREET ADDRESS: 6621 Southpoint Dr. N. CITY-ST-ZIP: Jacksonville, FL 32216	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: COO NAME: Diaz, Michael K STREET ADDRESS: 6621 Southpoint Dr. N. CITY-ST-ZIP: Jacksonville, FL 32216	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: CFO NAME: Feeser, Jim STREET ADDRESS: 6621 Southpoint Dr. N. CITY-ST-ZIP: Jacksonville, FL 32216	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Prusiecki, Drew STREET ADDRESS: 6630 Southpoint pkwy CITY-ST-ZIP: Jacksonville, FL 32216	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: Quinn, Eric STREET ADDRESS: 6621 Southpoint Dr. N. CITY-ST-ZIP: Jacksonville, FL 32216	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: Snyder, Gary STREET ADDRESS: 6621 Southpoint Dr. N. CITY-ST-ZIP: Jacksonville, FL 32216	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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CR2E034B (12/01)

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

SIGNATURE: _____ DREW W. PRUSIECKI 4/15/02 904 281-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #