2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

015108B MB

DOCUMENT # P96000082122

1. Entity Name
ENTREPORT CORPORATION

FILED
06 JAN -3 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06
DO NOT PAY FEE IF MAKING CHANGES

Principal Place of Business	Mailing Address
5937 DARWEN CT 111 SUITE 109 CARLSBAD CA 92008	5937 DARWEN CT SUITE 109 CARLSBAD CA 92008

2. Principal Place of Business	3. Mailing Address
111 SECOND AVE NE. Suite, Apt. #, etc. 917	SAME Suite, Apt. #, etc.
City & State ST. PETERSBURG FL	City & State
Zip 33701 Country	Zip Country

4. FEI Number 65-0703923 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name STEPHEN J. NEMERUT Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVE SUITE 917 City ST. PETERSBURG FL Zip Code 33701

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 $550.00
After September 10, 2003 Fee will be $750.00
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	CB D'ARCANGELO, DAVID J 5937 DARWIN CT SUITE 109 CARLSBAD CA 92008	☒ Delete	TITLE CB NAME STEPHEN J NEMERUT STREET ADDRESS 111 SECOND AVE SUITE 917 CITY-ST-ZIP ST. PETERSBURG, FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT SHUE, WILLIAM A 5937 DARWIN CT. SUITE 109 CARLSBAD CA 92008	☒ Delete	TITLE SD ~~DPT~~ NAME GEORGE COLEMAN STREET ADDRESS 1750 BARBARA LN CITY-ST-ZIP ENCINITAS, CA 92024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACONE, TONY 5937 DARWIN CT STE 109 VISTA CA 92083	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 700064056697 01/19/06--01018--008 **1208.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCAS, SCOTT G 5937 DARWIN CT STE 109 CARLSBAD CA 92008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSEN, BRUCE 5937 DARWIN CT STE 109 VISTA CA 92083	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS RIES, DEBORAH A 5937 DARWIN CT STE 109 VISTA CA 92083	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #