2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 379457 1. Entity Name E, T & D ENTERPRISES, INC.					FILED May 16, 2000 8:00 an Secretary of State 05-16-2000 90791 047 ***150.00		
Principal Place of Business Mailing Address							
321 VILLAGE DRIVE ST AUGUSTINE FL 32095 US		321 VILLAGE DRIVE ST AUGUSTINE FL 32095-9063 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & State		City & State		4. FEI	Number 59-1346517		Applied For Not Applicable
Zip -	Country	Zip	Country	5. Cer	tificate of Status Desired	\$8.75 A Fee Requir	dditional
	6. Name and Address of Current R	egistered Agent	Name	7. Nan	ne and Address of New R	egistered Agent	
SINGLETON, SCOTT 11 OAK AVE				Street Address (P.O. Box Number is Not Acceptable)			
	UGUSTINE FL 32095		City			EI Zip Co	de
			registered office or regis	ГЬ			
Tax filing ro (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	After MAY 1, 200 Make Check Payab	II FEE IS \$150.00 00 Fee will be \$550.0 le to Department of \$	0 State	10. Election Campaign Fin Trust Fund Contribution	n. L Add	00 May Be ed to Fees
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND D PD RICHARDSON, TERRY 11 OAK AVE ST. AUGUSTINE FL 32095	IRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI	TIONS/CHANGES TO OFF	CERS AND DIRECTO	
TITLE NAME STREET ADDRESS _CITY_ST_ZIP	VD WEBSTER, DIMITY 321 VILLAGE DRIVE .ST::AUGUSTINE FL 32095	Deiete	TITLE NAME STREET ADDRESS CITY_ST-2IP_		- 1944 - 1944	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBSTER, WAYNE 321 VILLAGE DRIVE ST. AUGUSTINE FL 32095	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicated of the cor changed,	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, with TURE:	rue and accurate and that m vered to execute this report a	iv signature shall have t	he same leg	al effect as if made under o	oath; that I am an offic	er or director

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