## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED
Mar 04, 2003 8:00 am §
Secretary of State

1. Entity Na	NTERPRISES, INC. $9/8$			03-04-2003 90062 023 ***		
Principal Place of Business 13180 N CLEVELAND AVENUE STE 326 NORTH FORT MYERS FL 33903  Mailing Address 13180 N CLEVELAND A NORTH FORT MYERS FL				 ! Harini diponi nanni birdo india india india didin birdi birdi	ANTH ANNI ANNI IAN	
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2050123	Applied For Not Applicable	
Zip	Country	Zip	Country		5 Additional equired	
<del></del>	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent		
OADV O	OVADLATIN		Name	Name		
GARY S. GYARMATHY 13180 N CLEVELAND AVENUE STE 326			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
North F	ORT MYERS FL 33903		-			
			City	F⊑`\`	Code	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or regis	istered agent, or both, in the State of Florida. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent signature requ	quired when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			Election Campaign Financing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TOPS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS GYARMATHY, GARY S 13180 N CLEVELAND AVENUE S NORTH FORT MYERS FL 33903	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha		
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Char	nge	

12. I hereby certify that the information supplied with this filling 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. Whilall other the empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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