

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90558 003 \*\*\*150.00

**DOCUMENT # 625377**



1. Entity Name  
**ENNIS C.P.A. ASSOCIATES, P.A.**

Principal Place of Business  
**109 NORTH BRUSH ST. SUITE 300  
PO BOX 2721  
TAMPA FL 33601**

Mailing Address  
**109 NORTH BRUSH ST. SUITE 300  
PO BOX 2721  
TAMPA FL 33601**



2. Principal Place of Business  
**101 E. KENNEDY BLVD  
Suite, Apt. #, etc.  
SUITE 1250**

3. Mailing Address  
**P.O. BOX 2721  
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

4. FEI Number **59-1913651**

Applied For  
Not Applicable

Zip Country  
**33602 - USA**

Zip Country  
**33601 - USA**

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**

**ENNIS, HENRY G., JR.  
109 N. BRUSH ST.  
SUITE 300  
TAMPA FL 33602**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**101 E KENNEDY BLVD  
SUITE 1250**  
City **TAMPA** FL Zip Code **33602**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	<b>P ENNIS, HENRY G., JR. 2405 ARDSON PLACE, UNIT 404A TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT HARDY, GEORGE E W, IV 4807 BAYSHORE BLVD. #D-1 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4703 W. LOWELL AVE TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Henry G. Ennis, Jr.** **HENRY G. ENNIS, JR.** 01/15/03 813-221-7846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)