

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-21-2003 90127 005 \*\*\*550.00

0005177 AV

**DOCUMENT # F02000000408**

1. Entity Name  
**ENHANCED ASSET MANAGEMENT CORPORATION**



Principal Place of Business  
**10550 DEERWOOD PARK BLVD STE 600  
JACKSONVILLE FL 32256**

Mailing Address  
**10550 DEERWOOD PARK BLVD STE 600  
JACKSONVILLE FL 32256**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3687310**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL ST.  
TALLAHASSEE FL 32303**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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          | <b>PD</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>THOMPSON, MARK A</b>               |                                 |
| STREET ADDRESS | <b>10550 DEERWOOD PK BLVD STE 600</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE          | <b>SD</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>MOQUIN, KIRK</b>                   |                                 |
| STREET ADDRESS | <b>10550 DEERWOOD PK BLVD STE 600</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE          | <b>CTD</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>SCHANCK, JOHN</b>                  |                                 |
| STREET ADDRESS | <b>10550 DEERWOOD PK BLVD STE 600</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: *Mark A. Thompson* **SIGNATURE REQUIRED** *7/16/03* *(904) 645-0048*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)