

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91104 026 ***150.00

DOCUMENT # F02000001634

1. Entity Name
ENPORION, INC.



Principal Place of Business
302 KNIGHTS RUN AVE., SUITE 800
TAMPA FL 33602

Mailing Address
302 KNIGHTS RUN AVE., SUITE 800
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4387050**

Applied For
Not Applicable

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

GOUZE, CATHERINE E
GENERAL COUNSEL/ENPORION, INC.
302 KNIGHTS RUN AVE, SUITE 800
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P GORDON, GEORGE M 302 KNIGHTS RUN AVE, SUITE 800 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST STANTON, C. KEITH 302 KNIGHTS RUN AVE, SUITE 800 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.03

Date Daytime Phone #

CR2E034 (10/02)

FO20000001634

80058725

March 14, 2003

Florida Department of State
Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Enporion, Inc.
Document #: F020000001634

Dear Sir or Madam:

Enclosed herewith please find for filing the 2003 UBR in connection with the above corporation. I also enclose Enporion's check # 7156 in the amount of \$150.00 as the filing fee.

Should you have any questions or comments, please advise. Thank you for your assistance.

Yours very truly,

Enporion, Inc.,

By: 
Catherine E. Gouze
General Counsel
813.864.8158
cgouze@enporion.com