

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90064 014 \*\*\*158.75

**DOCUMENT # F59924**

1. Entity Name  
**THE ENSIGN COMPANY**

Principal Place of Business <b>505 MAITLAND AVE.          SUITE 200          ALTAMONTE SPRINGS FL 32701          US</b>	Mailing Address <b>POST OFFICE BOX 947510          PO BOX 4908          MAITLAND FL 32794-7510          US</b>
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2. Principal Place of Business <b>223 Altamonte Commerce Blvd.          Suite 1320</b>	3. Mailing Address <b>P.O. Box 161546</b>
City & State <b>Altamonte Springs, FL</b>	City & State <b>Altamonte Springs, FL</b>
Zip <b>32714</b>	Zip <b>32716</b>
Country <b>Seminole</b>	Country <b>Seminole</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2153710</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRUNO, ANTHONY J.  
 505 MAITLAND AVENUE  
 SUITE 200  
 ALTAMONTE SPRINGS FL 32701**

Name <b>Bruno, Anthony J.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>223 Altamonte Commerce Blvd          Suite 1320</b>
City <b>Altamonte Springs</b>
State <b>FL</b>
Zip Code <b>32714</b>

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.

SIGNATURE **Anthony J. Bruno**

**4/11/00**  
 DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRUNO, ANTHONY J. 201 HONEYSUCKLE LANE LONGWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOOD, DORIS FAY 609 LUANHOE LANE HANES BEACH FL 34212-1234</b>	<input checked="" 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>V/S Anne Marie Marshall 125 RAintree Drive Longwood, FL 32779</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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANTHONY J. BRUNO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **P/D** Date **4/11/2000** Daytime Phone #

CR2E034 (9/99)