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03/15/01719-599-1308 Data Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 21, 2001 8:00 am DOCUMENT # F9300000478 **Secretary of State** 1. Entity Name ENI INC. 03-21-2001 90059 047 \*\*\*150.00 Principal Place of Business Mailing Address 1500 GARDEN OF THE GODS RD 1500 GARDEN OF THE GODS RD COLORADO SPRINGS CO 80907 COLORADO SPRINGS CO 80907 C0036153 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-1116488 Not Applicable Zip Country Zip Country \$8.75 Additional .5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOEGE, LARRY B Street Address (P.O. Box Number is Not Acceptable) 4500 PALM COAST PARKWAY, SE PALM COAST FL 32137 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete JONES, HARVEY L NAME NAME STREET ADDRESS 1516 TWEED ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COLORADO SPRINGS CO 80909-2845 TITLE ☐ Change Addition TITLE Delete JONES, PEGGIE R NAME NAME 1516 TWEED ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS CO 80909-2845 CITY-ST-ZIP X Delete TITLE TITLE BRUNT, CURTIS W JR NAME NAME 6160 TUCKERMAN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **COLORADO SPRINGS CO** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive 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 ther like expowered.

AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR