

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000208

1. Entity Name

ENSIG CORPORATION

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90007 039 \*\*\*158.75

Principal Place of Business

8809 CROSS LANDING LN.  
RIVERVIEW FL 33569  
US

Mailing Address

P.O. BOX 3256  
RIVERVIEW FL 33605-3806  
US

2. Principal Place of Business

1726 E. 7th Avenue

3. Mailing Address

1726 E. 7th Avenue

Suite, Apt. #, etc.

Suite 18

Suite, Apt. #, etc.

Suite 18

City & State

TAMPA FL

City & State

Tampa FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. FEI Number

59-3324086

Applied For

Not Applicable

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

BENNETT, KIM D.  
8809 CROSS LANDING LN.  
RIVERVIEW FL 33569

Name

BENNETT KIM D

Street Address (P.O. Box Number is Not Acceptable)

1809 Princeton Lakes Dr. # 403

City

BRANDON

FL

Zip Code

33511

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

*Kim D. Bennett, President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/00

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 **P** ☐ Delete  
NAME **BENNETT, KIM D**  
STREET ADDRESS **8809 CROSS LANDING LN.**  
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **Bennett, Kim D.**  
STREET ADDRESS **1809 Princeton Lakes Dr. # 403**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Kim D. Bennett, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00  
Date

(813) 242-6677  
Daytime Phone #

CR2E034 (9/99)