

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90011 007 ***150.00

0625425

DOCUMENT # F97000003714

1. Entity Name

THE ENSER CORPORATION OF ALABAMA

Principal Place of Business

**5430 74TH AVE N
PINELLAS PARK FL 33781
US**

Mailing Address

**P.O. BOX 48548
ST. PETERSBURG FL 33743-8548****643494**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5430 70th Avenue North

3. Mailing Address

PO Box 0707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 2

City & State

Pinellas Park, FL

City & State

Pinellas Park FL

4. FEI Number

63-0921815

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33780

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, R. ROY
6262 142ND AVE, N #202
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, R. ROY	
STREET ADDRESS	6262 142ND AVE N, #202	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALKER, STEVEN C	
STREET ADDRESS	7135 DEL LAGO	
CITY-ST-ZIP	SARASOTA FL 34238-4524	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**R. Roy Jackson****17 April 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)