

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006579

1. Entity Name

ENTERPRISE PROFIT SOLUTIONS CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90056 001 ***300.00

Principal Place of Business

Mailing Address

9 EAST LOOCKERMAN STREET
DOVER DE 19901

9 EAST LOOCKERMAN STREET
DOVER DE 19901-8306

2. Principal Place of Business

695 TOWN CENTER DRIVE

3. Mailing Address

695 TOWN CENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 700

SUITE 700

City & State

City & State

COSTA MESA, CA

COSTA MESA, CA

Zip

Country

Zip

Country

92626

USA

92626

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0828331

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32310

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, 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 PVC ☒ Delete
NAME WATTS, ERIK
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA CA 92626

TITLE P/CEO/D ☐ Change ☒ Addition
NAME DAVID HOFFMANN
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA, CA 92626

TITLE SD ☒ Delete
NAME EHLEN, DAVID M
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA CA 92626

TITLE S/T/OPICFO ☐ Change ☒ Addition
NAME MARK COLEMAN
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA, CA 92626

TITLE TD ☒ Delete
NAME COLEMAN, MARK
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA CA 92626

TITLE D ☐ Change ☒ Addition
NAME PRICE PRITCHETT
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA, CA 92626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MICHAEL GOLDSTEIN
STREET ADDRESS 695 TOWN CENTER DRIVE
CITY-ST-ZIP COSTA MESA, CA 92626

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)