

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # G36425**1. Entity Name
ENABLING TECHNOLOGIES, INC.Principal Place of Business
1601 NE BRAILLE PL
JENSEN BEACH FL 34957
USMailing Address
1601 NE BRAILLE PL
JENSEN BEACH FL 34957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503431

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOND, JAMES A., P.A.
FIRST NATIONAL BANK BUILDING, SUITE 4
1251 S.W. 27TH STREET
PALM CITY FL 34990

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)

02/06/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME SCHENK ROBERT A
STREET ADDRESS 1601 NE BRAILLE PLACE
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE PSD ☒ Change ☐ Addition
NAME SCHENK ROBERT A
STREET ADDRESS 1601 NE BRAILLE PLACE
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE D ☐ Delete
NAME THOMPSON, ED
STREET ADDRESS 3644 FAIRWAY E
CITY-ST-ZIP STUART FL 34997TITLE D ☒ Change ☐ Addition
NAME THOMPSON EDWARD
STREET ADDRESS 3644 FAIRWAY E
CITY-ST-ZIP STUART FL 34997TITLE VTD ☐ Delete
NAME KIMBROUGH, B.T.
STREET ADDRESS 1601 NE BRAILLE PLACE
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE VTD ☒ Change ☐ Addition
NAME KIMBROUGH BRADLEY T
STREET ADDRESS 1601 NE BRAILLE PLACE
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE C ☐ Delete
NAME THOMAS, WILLIAM A., SR.
STREET ADDRESS 31 S.E. HARBOR POINT DR.
CITY-ST-ZIP STUART FL 34997TITLE C ☒ Change ☐ Addition
NAME THOMAS WILLIAM A
STREET ADDRESS 3601 SE COURT DRIVE
CITY-ST-ZIP STUART FL 34997TITLE D ☐ Delete
NAME ROWE KEITH
STREET ADDRESS 3654 SE FAIRWAY EAST
CITY-ST-ZIP STUART FL 34997TITLE D ☒ Change ☐ Addition
NAME ROWE KEITH
STREET ADDRESS 3654 SE FAIRWAY EAST
CITY-ST-ZIP STUART FL 34997TITLE D ☐ Delete
NAME SMITH CHUCK
STREET ADDRESS 3739 SE DOUBLETON DR.
CITY-ST-ZIP STUART FL 34997TITLE D ☒ Change ☐ Addition
NAME SMITH CHUCK
STREET ADDRESS 3739 SE DOUBLETON DR.
CITY-ST-ZIP STUART FL 34997

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: Robert A Schenk

PSD

02/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)