

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G36425

FILED
Mar 04, 2002 8:00 AM
Secretary of State

Entity Name: ENABLING TECHNOLOGIES, INC.

Current Principal Place of Business:

1601 NE BRAILLE PL
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

1601 NE BRAILLE PL
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 59-2503431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, CHUCK
Address: 3739 SE DOUBLETON DR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: ROWE, KEITH
Address: 3654 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: C (X) Delete
Name: THOMAS, WILLIAM A
Address: 3601 SE COURT DRIVE
City-St-Zip: STUART, FL 34997

Title: VTD () Delete
Name: KIMBROUGH, BRADLEY T
Address: 1601 NE BRAILLE PLACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Delete
Name: THOMPSON, EDWARD
Address: 3644 FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: PSD () Delete
Name: SCHENK, ROBERT A
Address: 1601 NE BRAILLE PLACE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: ROWE, KEITH
Address: 4012 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A SCHENK

PSD

03/04/2002

Electronic Signature of Signing Officer or Director

Date