

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89131

1. Entity Name

ENTERPRISE HOLDINGS, CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90107 021 ***150.00

Principal Place of Business

Mailing Address

VESTAL CT
CORAL SPRINGS FL 33071

10111 VESTAL CT
CORAL SPRINGS FL 33071-5830
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

FL

Suite, Apt. #, etc.

WESTON

City & State

FL

Zip

33071

Country

USA

Zip

33331

Country

USA

6. Name and Address of Current Registered Agent

DANIELS, PETER
10111 VESTAL CT
CORAL SPRINGS FL 33071

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, 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

TITLE D
NAME MITCHELL, JUDIE
STREET ADDRESS 10111 VESTAL CT
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

TITLE D
NAME DANIELS, PETER
STREET ADDRESS 10111 VESTAL CT
CITY-ST-ZIP CORAL SPRINGS FL

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

801730



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)