

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M84108**

1. Entity Name

ENTERPRISING PROFESSIONAL INVESTMENT COMPANY

Principal Place of Business

Mailing Address

5600 US HWY 98 N
SUITE 4
LAKELAND FL 33809
USC/O EDWARD C. COLLINS
6506 CHAROLIAS DRIVE
LAKELAND FL 33809

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 **59-2894137**

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

COLLINS, EDWARD C.
6506 CHAROLIAS DRIVE
LAKELAND FL 33809

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	COLLINS, EDWARD C.	6506 CHAROLIAS DR.	LAKELAND FL	☐ Delete				☐ Change ☐ Addition
	SD	ZINSZER, ARTHUR K.	404 HAWICK LN.	LAKELAND FL	☐ Delete				☐ Change ☐ Addition
	D	YOUNG, JAMES E.	2923 SHOAL CREEK DR.	LAKELAND FL	☐ Delete				☐ Change ☐ Addition
	D	REID, JOHN W., SR.	7120 CATHERINE DR.	LAKELAND FL	☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91155 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)