

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15107

1. Entity Name

ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC

Principal Place of Business

2601 NW 48TH ST  
POMPANO BEACH FL 33073  
US

Mailing Address

6850 NINETEEN MILE RD.  
STERLING HEIGHTS MI 48314

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MANCINI, DAVID A  
2601 NW 48TH STREET  
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

Name DANIEL C. MANCINI

Street Address (P.O. Box Number is Not Acceptable)  
SAME

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

*Paul Jankowski, Secretary/Treasurer*  
(NOTE: Registered Agent signature required when reinstating)

4/26/01

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JANKOWSKI, PAUL C JR.  
STREET ADDRESS 6850 NINETEEN MILE RD.  
CITY-ST-ZIP STERLING HEIGHTS MI 48314

TITLE STD ☐ Delete  
NAME JANKOWSKI, LISA  
STREET ADDRESS 6850 NINETEEN MILE RD.  
CITY-ST-ZIP STERLING HEIGHTS FL

TITLE ASD ☐ Delete  
NAME MANCINI, DAVID A  
STREET ADDRESS 2601 NW 48TH ST.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VPD ☐ Delete  
NAME MANCINI, DANIEL C  
STREET ADDRESS 2601 NW 48TH ST.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul Jankowski, Secretary/Treasurer*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90126 020 \*\*\*\*61.25

00047381



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2176194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)