

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17986

1. Entity Name

ENTERPRISE FLAGLER, INC.

Principal Place of Business

CORPORATE PLAZA
144
PALM COAST FL 32137
US

Mailing Address

CORPORATE PLAZA
144
PALM COAST FL 32137
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

59-2742897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZYMAWSKI, RONALD
84 COMANCHE CRT.
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Kim Buck

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

1203 No. US Hwy. #1

Suite #200

City

Ormand Beach

FL

Zip Code

32174

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 Kim Buck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/14/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
GARNER, JIM
1 CORP. DR.
PALM COAST FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
SZYMAWSKI, RONALD J
PO BOX 353696
PALM COAST FL 32135

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
DOUGLAS, ALAN D
PO BOX 1690
ST. AUGUSTINE FL 32085

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary / DT
Kim Buck
1203 No. US Hwy #1
Ormand Beach, FL 32174

☐ Change

☐ Addition

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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:

STEPHEN M. MARO

5/14/02

(386) 447-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-29-2002 93645 027 ***150.00



DO NOT WRITE IN THIS SPACE