

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000390

1. Entity Name

ENOCH SUPPORT GROUP, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90034 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2023 HARBOR LN  
NAPLES FL 34104  
US

2023 HARBOR LN  
NAPLES FL 34104-4217  
US

2. Principal Place of Business

6160 GREEN BLVD

3. Mailing Address

6160 GREEN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34116

Country

USA

Zip

34116

Country

USA

4. FEI Number

65-0540653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOLEQUE, LAWRENCE  
6160 GREEN BLVD  
NAPLES FL 34116

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

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	<input checked="" type="checkbox"/> Delete
NAME	KOLEQUE, LAWRENCE	
STREET ADDRESS	6160 GREEN BLVD	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRETT, DEBRA	
STREET ADDRESS	880 WILSON BLVD NORTH	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUTHERFORD, JEANNENE	
STREET ADDRESS	2023 HARBOR LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JONES, ANNETTE	
STREET ADDRESS	5841 12TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE MYERS	
STREET ADDRESS	5720 24 AVENUE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISSY THOMPSON	
STREET ADDRESS	260 12TH AVE NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT DEBRA	
STREET ADDRESS	380 WILSON BLVD N.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE KOLEQUE	
STREET ADDRESS	6160 GREEN BLVD	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)