2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003
Secretary of State

DOCUMENT# N94000000390

Entity Name: ENOCH SUPPORT GROUP, INC.

Current Principal Place of Business:

6160 GREEN BLVD
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

6160 GREEN BLVD
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 65-0540653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLEQUE, LAWRENCE
6160 GREEN BLVD
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOLEGUE, LARRY
Address: 5160 GREEN BLVD
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete
Name: PROVENZA, ELIZABETH
Address: 406 ST ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete
Name: COUTURE, CHERYL
Address: 5629 42ND AVE SW
City-St-Zip: NAPLES, FL 34116

Title: TD ( ) Delete
Name: THORNTON, JILL
Address: 350 8TH ST SE
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KOLEGUE, LARRY
Address: 6160 GREEN BLVD
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: KOLEGUE, GWEN
Address: 6160 GREEN BLVD
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE KOLEGUE PD 06/10/2003

Electronic Signature of Signing Officer or Director — Date