

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000460

1. Entity Name

ENTERPRISE CORAL SPRINGS, INC.

Principal Place of Business

9531 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Mailing Address

9531 W. SAMPLE RD.
CORAL SPRINGS FL 33065

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

65-0802286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUFF, DIANA M
9531 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Name PAUL F. CAWLEY

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

9531 WEST SAMPLE ROAD

City

CORAL SPRINGS

FL

Zip Code

33065

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 F. Cawley

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DVC
STREET ADDRESS GRILLD, PAUL
CITY-ST-ZIP 9770 W. SAMPLE RD
CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS MOYLE, BERNARD T ESQ
CITY-ST-ZIP 1 FINANCIAL PLAZA STE., 1600
FT. LAUDERDALE FL 33394

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS ROSSOMAO, GLORIA
CITY-ST-ZIP 2855 UNIVERSITY DR
CORAL SPRING FL 33065

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS NEIDER, MICHAEL
CITY-ST-ZIP 12095 NW 39 ST
CORAL SPGS FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 F. CAWLEY REQUIRED

3/7/02

954 346 6996

CR2E037 (9/01)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90033 026 ****61.25



DO NOT WRITE IN THIS SPACE