

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-16-2001 90186 005 ***150.00

DOCUMENT # **2000000000 245**

1. Entity Name **Enterprises, Inc.**
Rochelle, Inc.

Principal Place of Business **Internet Business**
Mailing Address **315 Suncrest Ct**
Oviedo, FL 32765

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
315 Suncrest Ct.

City & State
Oviedo, FL

4. FEI Number
Applied For
☒ Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Pamela M. Cauley Bell
315 Suncrest Ct
Oviedo, FL 32765

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pamela M. Cauley Bell 315 Suncrest Ct Oviedo, FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Annette Cherise Stokes 315 Suncrest Ct Oviedo, FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Evelyn Robinson Houston, TX	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stacy Carr 1212 Woodman Way Orlando, FL 32805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Ms. Marcia Reeves Jones Baltimore, MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Evelyn Robinson 7110 Mohave Hills Houston Texas 77069	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member 1464 Catlin Lane Alexandria, VA 22311	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)