

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90074 047 ***150.00

DOCUMENT # P00000004817

1. Entity Name

A. ENTERPRISE, INC.



Principal Place of Business
2250 S. RIDGEWOOD AVENUE
S. DAYTONA FL 32119

Mailing Address
2250 S. RIDGEWOOD AVENUE
S. DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 2250

Suite, Apt. #, etc. 2250

S. Daytona

S. Daytona

City & State

City & State

South Ridgewood South Ridgewood

Zip

Country

Zip

Country

32119

USA

32119

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESAI, RANJITBHAI
2140 S. PALMETTO AVENUE, #9
S. DAYTONA FL 32119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. Desai*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01.09.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DESAI, RANJITBHAI
STREET ADDRESS 2140 S. PALMETTO AVENUE, #9
CITY-ST-ZIP S. DAYTONA FL 32119

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: *R. Desai*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.09.03

386.756.1557

Date

Daytime Phone #

CR2E034 (10/02)