

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT #

1. Entity Name

Entab, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 14 PM 1:33

Principal Place of Business

Alachua FL

Mailing Address

14625 NW 103 Terr
Alachua FL 32615

2. Principal Place of Business

Alachua

3. Mailing Address

14625 NW 103 Terr

Suite, Apt. #, etc.

14625 NW 103 Terr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Alachua Florida

City & State

Alachua FL

4. FEI Number

59-3636043

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kelly D Jones

Maridian Center

2790 NW 43rd ST Suite 200

Gainesville FL 32606

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Timothy D Ward
STREET ADDRESS PO Box 357791
CITY-STATE-ZIP Gainesville FL 32635-7791 ☒ Delete

TITLE Thomas Mark Porr / President
NAME
STREET ADDRESS 14625 NW 103 Terr
CITY-STATE-ZIP Alachua FL 32615 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
SP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Mark Porr

Sept 5 2001

CR2E034 (5/01)