2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013002

1. Entity Name
ENAPTIVE, INC.

FILED
Jan 10, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
13886 VINDSOR PARK DR NORTH	13886 VINDSOR PARK DR NORTH
JACKSONVILLE FL	JACKSONVILLE FL
32224	32224

2. Principal Place of Business	3. Mailing Address	
13886 WINDSOR PARK DR NORTH	13886 WINDSOR PARK DR NORTH	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	
JACKSONVILLE FL	JACKSONVILLE FL	

4. FEI Number	Applied For
59-3622726	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
32224		32224			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIRAPARA PARESH	Name HIRAPARA PARESH
13886 VINDSOR PARK DR NORTH	Street Address (P.O. Box Number is Not Acceptable) 13886 WINDSOR PARK DR NORTH
JACKSONVILLE FL 32224 US	City JACKSONVILLE **FL** Zip Code 32224

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   **PARESH HIRAPARA**   01/10/2001

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	PSTD	☒ Change	☐ Addition
NAME	HIRAPARA PARESH		NAME	HIRAPARA PARESH		
STREET ADDRESS	13886 VINDSOR PARK DR NORTH		STREET ADDRESS	13886 WINDSOR PARK DR NORTH		
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP	JACKSONVILLE FL 32224		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (11/00)

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: ___PARESH HIRAPARA___   PSTD   01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #