

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90033 025 \*\*\*158.75

DOCUMENT # P00000015229  
1. Entity Name ENMAN & ASSOCIATES, Inc.

**DO NOT WRITE IN THIS SPACE**

**80058576**

2. Principal Place of Business ADORE CHANGE 3. Mailing Address 10920 Baymeadows Rd  
8760 Beech Branch Dr. Suite, Apt. #, etc. 27 PMB 304

DO NOT WRITE IN THIS SPACE

City & State Jacksonville FL City & State Jacksonville, FL  
Zip 32256 Country FLORIDA Zip 32256 Country FLORIDA

4. FEI Number 59-3647928 Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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 N/A (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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>Pres</u> <u>DAVID ENMAN</u> <u>10920 Baymeadows Rd, Suite 27</u> <u>PMB 304 Jacksonville, FL</u> <u>32256</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Enman March 18, 02 (904) 579-0469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)