

DOCUMENT # P00000028021

1. Entity Name
ENTERPRISE 41 INC.

Principal Place of Business Mailing Address
625 S. OWL DRIVE 625 S. OWL DRIVE
SARASOTA FL 34236 SARASOTA FL 34236

2. Principal Place of Business 3. Mailing Address
229 S. TAMiami TR. 1616 N. WASHINGTON BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VENICE, FLORIDA SARASOTA, FLORIDA
Zip Country Zip Country
34285 SARASOTA 34236 SARASOTA

6. Name and Address of Current Registered Agent
CZERWINSKI, YOLANDA M EA PA
4308 MEADOWLAND CIRCLE
SARASOTA FL 34233

7. Name and Address of New Registered Agent
Name GREG LECIEWICZ
Street Address (P.O. Box Number is Not Acceptable)
1616 N. WASHINGTON BLVD.
City SARASOTA FL Zip Code 34236

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 GREG LECIEWICZ (NOTE: Registered Agent signature required when reinstating) DATE 1-4-01

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 \$350.00
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	<input type="checkbox"/> Delete PRESIDENT GREG LECIEWICZ 625 S. OWL DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SECRETARY LOLA LECIEWICZ 625 S. OWL SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GREG LECIEWICZ 1-4-01 941-366-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90144 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)