

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90111 019 \*\*\*150.00

**DOCUMENT # P00000028021**

**1. Entity Name**  
**ENTERPRISE 41 INC.**

**Principal Place of Business**

**229-S. TAMiami TR.**  
**VENICE FL 34285**

**Mailing Address**

**1616 N. WASHINGTON BLVD**  
**SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1616 N. WASHINGTON BLVD**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**SARASOTA, FLORIDA**

**City & State**

**4. FEI Number**

**65-0990572**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**34236**

**USA**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LECEWICZ, GREG**

**1616 N. WASHINGTON BLVD.**

**SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**

**Name**

**GREG LECEWICZ**

**Street Address (P.O. Box Number is Not Acceptable)**

**1255 N. GULFSTREAM AVE #904**

**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 LECEWICZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**1-26-02**

**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, 2002 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**

**TITLE** **P** ☐ Delete  
**NAME** **LECEWICZ, GREG**  
**STREET ADDRESS** **6255 OWL DR.**  
**CITY-ST-ZIP** **SARASOTA FL 34236**

**TITLE** **S** ☐ Delete  
**NAME** **LECEWICZ, LOLA**  
**STREET ADDRESS** **625 S OWL DR**  
**CITY-ST-ZIP** **SARASOTA FL 34236**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PRESIDENT** ☒ Change ☐ Addition  
**NAME** **LECEWICZ GREG**  
**STREET ADDRESS** **1255 N. GULFSTREAM AVE #904**  
**CITY-ST-ZIP** **SARASOTA, FL 34236**

**TITLE** **VICE PRESIDENT** ☒ Change ☐ Addition  
**NAME** **LECEWICZ LOLA**  
**STREET ADDRESS** **1255 N. GULFSTREAM AVE #904**  
**CITY-ST-ZIP** **SARASOTA, FL 34236**

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

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

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

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

**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 a otherlike empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**1-9-02**

**941-320-6426**

CR2E034 (9/01)