

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000044734**1. Entity Name  
ELOQUENT ENTERPRISES, INC.

Principal Place of Business 4151 BELLE VISTA DRIVE  ST. PETERSBURG FL 33706	Mailing Address 4151 BELLE VISTA DRIVE  ST. PETERSBURG FL 33706
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2. Principal Place of Business 6530 CENTRAL AVE.	3. Mailing Address 6530 CENTRAL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33707	Country US

4. FEI Number <b>59-364511</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
  
TALLAHASSEE FL 323012525 US**7. Name and Address of New Registered Agent**

Name <b>KATHERINE GABEHART LPRESIDE</b>
Street Address (P.O. Box Number is Not Acceptable) <b>6530 CENTRAL AVE.</b>
City <b>ST. PETERSBURG FL</b>
Zip Code <b>33707</b>

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 **KATHERINE L. GABEHART****02/16/2001**

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**

TITLE D	<input type="checkbox"/> Delete
NAME <b>REICH LISA L</b>	
STREET ADDRESS <b>4151 BELLE VISTA DRIVE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33706</b>	

TITLE D	<input type="checkbox"/> Delete
NAME <b>GABEHART KATHERINE L</b>	
STREET ADDRESS <b>4151 BELLE VISTA DRIVE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33706</b>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GABEHART KATHERINE L</b>	
STREET ADDRESS <b>4151 BELLE VISTA DRIVE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33706</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE: KATHERINE L. GABEHART**

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02/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)