

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90151 038 ***150.00

DOCUMENT # P00000046614

1. Entity Name
ENLIGHTENED ENCOUNTERS, INC.

Principal Place of Business
16339 COUNTRY LAKE CIRCLE
DELRAY BEACH FL 33484

Mailing Address
1810 SABEL DR
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address
PO BOX 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Deerfield bch

Zip

Country

Zip
33442 Country
USA

4. FEI Number **65-1010218**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANIN, LINDA
16339 COUNTRY LAKE CIRCLE
DELRAY BEACH FL 33484

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 *L Kanin*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSVT** ☐ Delete
NAME **KANIN, LINDA**
STREET ADDRESS **16339 COUNTRY LAKE CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE ☐ Delete
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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: *L Kanin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)