

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90253 002 ***158.75

DOCUMENT #

1. Entity Name
EN'IAM, INC.

Principal Place of Business
8653 Bishopswood Dr.
Jacksonville, FL 32244

Mailing Address
8653 Bishopswood Dr.
Jacksonville, FL 32244

2. Principal Place of Business
9024 Country Mill Lane
 Suite, Apt. #, etc.

3. Mailing Address
9024 Country Mill Lane
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
 Zip
32222
 Country
Duval

City & State
Jacksonville, FL
 Zip
32222
 Country
Duval

4. FEI Number
59-3688946

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Sally J. Kircher, Esquire
One Independent Drive
Suite 3303
Jacksonville, FL 32202-5027

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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

Signature, typed or printed name of registered agent and file 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 RETURN FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$250.00
 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	President Joyce F. Sanders 9024 Country Mill Ln Jacksonville, FL 32222-1417	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joyce F. Sanders 9024 Country Mill Ln Jacksonville, FL 32222-1417	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joyce F. Sanders 9024 Country Mill Ln Jacksonville, FL 32222-1417	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **Joyce F. Sanders** *Joyce F. Sanders, President*

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 11)

CR25034 (11/00)