

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90941 004 \*\*\*150.00

DOCUMENT # P01000021514

1. Entity Name  
ENZOR ENTERPRISES INC.



Principal Place of Business  
219 FIELDS TERRACE SE  
PORT CHARLOTTE FL 33952  
US

Mailing Address  
219 FIELDS TERRACE SE  
PORT CHARLOTTE FL 33952  
US



2. Principal Place of Business  
219 Fields Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Port Charlotte FL

City & State

4. FEI Number 59-3558402

Applied For  
Not Applicable

Zip  
33952

Country  
Charlotte

Zip

Country

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

ENZOR, RALPH  
4313 LARRYS LAGOON  
WINTER HAVEN FL 33884

Name  
ENZOR, RALPH  
Street Address (P.O. Box Number is Not Acceptable)  
219 Fields Terrace  
City Port Charlotte FL Zip Code 33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ralph H Egn*

4-4-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ENZOR, RALPH  
219 FIELDS TERRACE SE  
PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE  
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ENZOR, OINA  
219 FIELDS TERRACE SE  
PORT CHARLOTTE FL 33952 ☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph H Egn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03

Date

941-624-0646

Daytime Phone #

CR2E034 (10/02)