

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 001 ***550.00

DOCUMENT # **PO1000026178**

1. Entity Name **Enner City Solutions Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 QUINCE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6411

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
593717836

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32314

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
IVAN RIVERA

Street Address (P.O. Box Numbers Not Acceptable)
1800 QUINCE DRIVE

City **Tallahassee** **FL** Zip Code **32308**

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 

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

(NOTE: Registered Agent signature required when reinstating)

09/11/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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 IVAN RIVERA 1800 QUINCE DRIVE Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/02
Date

850-251-7005
Daytime Phone #

CR2E034B (12/01)