

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90476 042 \*\*\*150.00

**DOCUMENT # P01000026178**

**1. Entity Name**  
**ENNER CITY SOLUTIONS INC.**



**Principal Place of Business**  
**1800 QUINCE DRIVE**  
**TALLAHASSEE FL 32308**

**Mailing Address**  
**P BOX 6911**  
**TALLAHASSEE FL 32314**



**2. Principal Place of Business**  
**803 Railroad Ave**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**P.O. Box 6411**  
**Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Tallahassee, FL**  
**Zip**  
**32310**  
**Country**  
**LEON**

**City & State**  
**Tallahassee, FL**  
**Zip**  
**32314**  
**Country**  
**LEON**

**4. FEI Number**  
**59-3717836**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**RIVERA, IVAN**  
**1800 QUINCE DRIVE**  
**TALLAHASSEE FL 32308**

**7. Name and Address of New Registered Agent**

**Name**  
**IVAN RIVERA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2048-C Darnell Cir**  
**City**  
**Tallahassee**  
**FL**  
**Zip Code**  
**32303**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**03/12/03**  
**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>RIVERA, IVAN</b> <b>1800 QUINCE DRIVE</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> <b>RIVERA, IVAN</b> <b>2048-C Darnell Cir</b> <b>Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Vice President</b> <b>COREY DADY</b> <b>1671 E. Sand Piper Circle</b> <b>Pembroke Pines, FL 33026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Treasurer</b> <b>JESSICA RIVERA</b> <b>2048-C Darnell Cir</b> <b>Tallahassee, FL 32303</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**03/12/03**  
**850-251-7005**  
**Date** **Daytime Phone #**

CR2E034 (10/02)