

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2002 8:00 am**  
**Secretary of State**

09-05-2002 90040 001 \*\*\*150.00

**DOCUMENT # P01000043684**

1. Entity Name  
**ENWIRE.NET, INC.**

Principal Place of Business

**311 GLORY ROAD  
 QUINCY FL 32351**

Mailing Address

**311 GLORY ROAD  
 QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1114-V Thomasville Rd.**

Suite, Apt. #, etc.

**1114-V Thomasville Rd.**

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

4. FEI Number

**54-3715449**

Applied For

Not Applicable

Zip

**32303**

Country

**US**

Zip

**32303**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LINDQUIST, BEN  
 311 GLORY ROAD  
 QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **Ben Lindquist**

Street Address (P.O. Box Number is Not Acceptable)

**1114-V Thomasville Rd.**

**Tallahassee, FL**

City

**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

**Benjamin Lindquist, President**

**8/29/02**

Signature, typed or printed name of registered agent and title 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 NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/V** ☐ Delete  
 NAME **Lawrence H. Fuchs**  
 STREET ADDRESS **111 South Monroe St. Suite 3000B**  
 CITY-ST-ZIP **Tallahassee, FL 32301**

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

TITLE **D** ☐ Delete  
 NAME **Gary P. Sams**  
 STREET ADDRESS **123 S. Calhoun St.**  
 CITY-ST-ZIP **Tallahassee, FL 32301**

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

TITLE **S** ☐ Delete  
 NAME **Gary Perko**  
 STREET ADDRESS **123 S. Calhoun St.**  
 CITY-ST-ZIP **Tallahassee, FL 32301**

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

TITLE **D/P/C** ☐ Delete  
 NAME **Benjamin Lindquist**  
 STREET ADDRESS **1114-V Thomasville Rd.**  
 CITY-ST-ZIP **Tallahassee, FL 32303**

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

TITLE **T** ☐ Delete  
 NAME **Casey Lindquist**  
 STREET ADDRESS **1114-V Thomasville Rd.**  
 CITY-ST-ZIP **Tallahassee, FL 32303**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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:

**Benjamin Lindquist, President**

**8/29/02**

**850-980-6988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
# P01000043684

1114-V Thomasville Rd.  
Tallahassee, FL 32303

August 29, 2002

FI Dept of State, Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32303-1500

Dear FI Dept of State, Division of Corporations:

Enwire.net, Inc. did not receive its initial Uniform Business Report notice. Please find enclosed our 2002 Uniform Business Report and a payment of \$150.



Ben Lindquist  
President  
Enwire.net, Inc.