

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90086 002 \*\*\*150.00

DOCUMENT # P01000061445

1. Entity Name  
 ENET.COM, INC.

Principal Place of Business  
 1996 PIEDMONT PARK BLVD  
 APOPKA FL 32073

Mailing Address  
 1996 PIEDMONT PARK BLVD  
 APOPKA FL 32073

34311

2. Principal Place of Business  
**600 S. North Lake Blvd**  
 Suite, Apt. #, etc.  
**Suite 140**  
 City & State  
**Altamonte Springs, FL**  
 Zip  
**32701** Country  
**USA**

3. Mailing Address  
**600 S. North Lake Blvd**  
 Suite, Apt. #, etc.  
**Suite 140**  
 City & State  
**Altamonte Springs, FL**  
 Zip  
**32701** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3749589** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**UHRIG, HAL**  
**815 ORIENTA AVE STE 2**  
**ALTAMONTE SPRINGS FL 32701**

## 7. Name and Address of New Registered Agent

Name  
**Ronald D. Cook**  
 Street Address (P.O. Box Number is Not Acceptable)  
**One Tampa City Center Suite 3010**  
**201 North Franklin Street**  
 City  
**Tampa** FL Zip Code  
**33602**

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)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
PSD	JENSEN, JOHN	1996 PIEDMONT PARK BLVD	APOPKA FL 32073	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Sloan, Daniel Lee	1833 Misty Morn Place	Longwood, FL 32779	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 407-331-5465

CR2E034 (9/01)