

2002 UNIFORM BUSINESS REPORT (UBR)

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

06-03-2002 91202 045 ***150.00

DOCUMENT # **P01000087918**

1. Entity Name

ENTERPRISE MARKETPLACE, INC.

Principal Place of Business

**5078 ISLAND CLUB DRIVE
TAMARAC FL 33319**

Mailing Address

**5078 ISLAND CLUB DRIVE
TAMARAC FL 33319**

80124254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1135880

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOFL & NOFL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**

7. Name and Address of New Registered Agent

Name

SOSOL R. NOFL, P.A.

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

3284 NORTH STATE ROAD 7

City

LAUDERDALE LAKES

FL

Zip Code

33319

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)

4/30/02
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
**PTD
BROWN, REX
5078 ISLAND CLUB DRIVE
TAMARAC FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
MCDONALD, KIRK
5078 ISLAND CLUB DRIVE
TAMARAC FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BROWN, MAXWELL
5078 ISLAND CLUB DRIVE
TAMARAC FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
Date

954 494 3818
Daytime Phone #

CR2E034 (9/01)