

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90131 020 \*\*\*150.00

**DOCUMENT # P01000090543**

1. Entity Name  
**ENIGMA CONSULTING, INC.**

Principal Place of Business  
 21195 VIA FLORE  
 BOCA RATON FL 33433-2233

Mailing Address  
 21195 VIA FLORE  
 BOCA RATON FL 33433-2233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**21195 VIA FIORE**

Suite, Apt. #, etc.  
**21195 VIA FIORE**

City & State

City & State

4. FEL Number

**65-1138217**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, STANLEY M  
 21195 VIA FLORE  
 BOCA RATON FL 33433-2233

7. Name and Address of New Registered Agent

Name

Street Address - O. Box Number is Not Acceptable  
**21195 VIA FIORE**

City

**FL**

Zip Code

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PST JACOBSON, STANLEY M 21195 VIA FLORE BOCA RATON FL 33433-2233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO JACOBSON, STANLEY M 21195 VIA FLORE BOCA RATON FL 33433-2233	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	21195 VIA FIORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21195 VIA FIORE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07 of the 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 it was obtained from the 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 line empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7-15-02 561 212 7725**

Attachment  
Document #  
P01000090543

1 22231

**ENIGMA**  
CONSULTING, INC.

July 15, 2002

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

The attached document Number P01000090543 was received by me last week. This is the first notice that we have received requesting payment for my 2002 UBR. There is an address error on this form. Our address is 21195 Via Fiore. The address on the form is 21195 Via Flore. The L in Flore should be an I in Fiore. We believe due to this spelling error, the first mailing was not delivered to us at our correct address.

I spoke this morning to your help line at 250 488 9000. Steve, your CSR suggested that we pay the \$150 fee and that the department would waive the late penalty of \$400 and make the correction to our address as indicated.

Enclosed please find the check for \$150 and the 2002 UBR with the address correction noted. Thank you very much for accepting this solution.

Yours truly,

  
Stanley Jacobson  
President

Phone: 561-212-7725  
Fax: 561-488-0683  
Email: jake\_enigma@hotmail.com

21195 Via Fiore  
Boca Raton, FL  
33433-2233