2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 24, 2003 8:00 am Secretary of State

CITY-SI-ZIP SEMINOLE FL 33776 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1. Entity Na	ame LENTERPF	RISES, INC.					03-24-2003 9	90208 038 ***1	50.00	
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City & State	Principal Place of Business 3. Mailing Address					-					
Zip Country Zip Country S. Certificate of Satus Desired Section Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) Sine a Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc. Suite, Apt. #, etc.					-		CHECK HERE IF MAKING CHANGES			
Se. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity submits this cratement for the pulpose of changing its registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in the Street of Florida. I am familiar with, and accept the collipsions of registered agent, or both, in th	City & Sta	ate		City & State							
WATKINS, CARL T 5103 MEMORIAL HWY- TAMPA FL 33834 8. The above named entity submits this statement for the pulipose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or both in the State of Florida. I am familiar with, and accept the colligistrons of registered agent, or bo	Zip Country			Zip	Count	ry			□ \$8.75	Additional	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code	W/VINIC	TIDAN S	•			Name		·			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	5103 ME	MORIAL HWY	• •		ŀ	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the pulpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature in the foliage content of the pulpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	I AMICA C	-L 33034	_		-	City	- -	*	F ∎ Zip	Code	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: