

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91151 047 \*\*\*150.00

**DOCUMENT # P02000001441**

**1. Entity Name**  
**ENTERPRISES UNLIMITED, INC.**



**Principal Place of Business**  
**308 E. CHESTER ST.**  
**CLERMONT FL 34711**

**Mailing Address**  
**308 E. CHESTER ST.**  
**CLERMONT FL 34711**

**2. Principal Place of Business**  
**1650 MORNING DRIVE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. BOX 1990**  
Suite, Apt. #, etc.

**City & State**  
**CLERMONT, FL**

**City & State**  
**MINNEOLA, FL**

**4. FEI Number**  
**69-0004758**

Applied For  
Not Applicable

**Zip**  
**34711** **Country**  
**USA**

**Zip**  
**34755** **Country**  
**USA**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LANGLEY, RICHARD H**  
**700 ALMOND ST.**  
**CLERMONT FL 34711**

**7. Name and Address of New Registered Agent**

Name

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

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**

**24 Jan 03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, DAVID M</b>	
STREET ADDRESS	<b>PO BOX 1985</b>	
CITY-ST-ZIP	<b>MINNEOLA FL 34755</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, CHERYL D</b>	
STREET ADDRESS	<b>PO BOX 1985</b>	
CITY-ST-ZIP	<b>MINNEOLA FL 34755</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, DAVID M.</b>	
STREET ADDRESS	<b>P.O. BOX 1990</b>	
CITY-ST-ZIP	<b>MINNEOLA, FL 34755</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 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

**24 Jan 03** **352-243-6892**  
Date Daytime Phone #

CR2E034 (10/02)