

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90180 018 \*\*\*150.00

**DOCUMENT # P02000019063**

1. Entity Name  
**ENCORE VENTURES, INC.**



Principal Place of Business  
**1278 SOUTHEAST LAKE ROAD  
ARCADIA FL 34266**

Mailing Address  
**POST OFFICE BOX 385  
NOCATEE FL 34268**

2. Principal Place of Business  
**12368 S.W. Lexington PL.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Arcadia, FL**

City & State

4. FEI Number  
**59-1451065**

Applied For  
☐ Not Applicable

Zip  
**34266**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name  
**Nancy E. Turner**  
Street Address (P.O. Box Number is Not Acceptable)  
**12368 S.W. Lexington PL.**  
City  
**Arcadia** **FL** Zip Code  
**34266**

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 *Nancy E. Turner*  
Signature, typed or printed name of registered agent and title if applicable.

*Nancy E. Turner*  
(NOTE: Registered Agent signature required when reinstating)

*1/23/03*  
DATE

**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  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE **PSTD** ☐ Delete  
NAME **WALDRON, RONALD E**  
STREET ADDRESS **1278 SOUTHEAST LAKE ROAD**  
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **Waldron, Ronald E.**  
STREET ADDRESS **12368 S.W. Lexington PL.**  
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Ronald E. Waldron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald E. Waldron 1/23/02 863 244 9225*  
Date Daytime Phone #

CR2E034 (10/02)