

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-03-2003 90080 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064703

1. Entity Name
ENNIS, PAIGE & EPSTEIN, P.A.



Principal Place of Business
2500 WESTON RD STE 213
FT LAUDERDALE FL 33326

Mailing Address
2500 WESTON RD STE 213
FT LAUDERDALE FL 33326



2. Principal Place of Business

5246 RED CEDAR DRIVE

Suite, Apt. #, etc.

SUITE 103

City & State

FT MYERS FL

Zip

33907

Country

USA

3. Mailing Address

5246 RED CEDAR DRIVE

Suite, Apt. #, etc.

SUITE 103

City & State

FT MYERS FL

Zip

33907

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0455176

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDMAN, GLEN H
1401 BRICKELL AVE STE 700
MIAMI FL 33131

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

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

TITLE	D	☐ Delete
NAME	ENNIS, DAVID	
STREET ADDRESS	2500 WESTON RD STE 213	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	☐ Delete
NAME	PAIGE, GARY	
STREET ADDRESS	2500 WESTON RD STE 213	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	☐ Delete
NAME	EPSTEIN, LINDA	
STREET ADDRESS	2500 WESTON RD STE 213	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2500 AIRPORT RD SUITE 105	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5246 RED CEDAR DRIVE SUITE 103	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2500 AIRPORT RD SUITE 105	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		☐ Change ☐ Addition
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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

(239) 277-1979

Date

Daytime Phone

CR2E034 (10/02)