

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91064 020 ***150.00

DOCUMENT # P02000068103

1. Entity Name

ENLOE/MORRIS ASSOCIATES, INC.



Principal Place of Business

3555 SOUTH ATLANTIC AVE UNIT 208
DAYTONA BEACH SHORES FL 32118

Mailing Address

3555 SOUTH ATLANTIC AVE UNIT 208
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3145 S. Atlantic Ave, #203

3. Mailing Address

3145 S. Atlantic Ave, #203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Daytona Beach Shores, FL

Zip

32118

Country

Volusia, USA

Zip

32118

Country

Volusia, USA

4. FEI Number

75-3070786

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURT, DAVID A

501 SOUTH RIDGEWOOD AVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Rose C. Enloe

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

3145 S. Atlantic Ave, Unit #203

City

Daytona Beach Shores

FL

Zip Code

32118

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

Rose C. Enloe, Pres

Rose C. Enloe

3/13/03

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 MORRIS, WILLIAM D
STREET ADDRESS 3555 SOUTH ATLANTIC AVE UNIT 208
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE D ☐ Delete
NAME ENLOE, ROSE C
STREET ADDRESS 3555 SOUTH ATLANTIC AVE UNIT 208
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 3145 S. Atlantic Ave, Unit #203
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3145 S. Atlantic Ave, Unit #203
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Rose C. Enloe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-322-0711

Date

Daytime Phone #

CR2E034 (10/02)