

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90114 011 ***150.00

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DOCUMENT # P02000080842

1. Entity Name
ENB ENTERPRISES CORP.



Principal Place of Business
**16025 MUIRFIELD DRIVE
ODESS FL 33556**

Mailing Address
**16025 MUIRFIELD DRIVE
ODESS FL 33556**



2. Principal Place of Business
16025 Muirfield Dr
Suite, Apt. #, etc.

3. Mailing Address
16025 Muirfield Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ODESSA FL

City & State
ODESSA FL

4. FEI Number
20-0000357

Applied For
Not Applicable

Zip
33556 Country
Hillsborough

Zip
33556 Country
Hillsborough

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

6. Name and Address of Current Registered Agent

**HORBERT, EVERETT H
16025 MUIRFIELD DRIVE
ODESS FL 33556**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D, P, V, T, S, C, M HORBERT, EVERETT H 16025 MUIRFIELD DRIVE ODESS FL 33556	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

3/14/03 **813-926-5973**
Date Daytime Phone #

CR2E034 (10/02)