


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

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04-28-2003 91842 036 \*\*\*150.00

<b>DOCUMENT #</b> P02000113861	
<b>1. Entity Name</b> ENRIGHT ENTERPRISES, INC.	

<b>Principal Place of Business</b> 2881 N OAKLAND FOREST DR #210 FT LAUDERDALE FL 33309	<b>Mailing Address</b> 2881 N OAKLAND FOREST DR #210 FT LAUDERDALE FL 33309
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<b>2. Principal Place of Business</b> 3659 Coral Tree Circle Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3659 Coral Tree Circle Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Coconut Creek, FL	<b>City &amp; State</b> Coconut Creek, FL	<b>4. FEI Number</b> 02-0652986	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33073	<b>Country</b> U.S.A.	<b>Zip</b> 33073	<b>Country</b> U.S.A.
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ENRIGHT, MATTHEW S 2881 N OAKLAND FOREST DR #210 FT LAUDERDALE FL 33309
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<b>7. Name and Address of New Registered Agent</b>  Name: Enright, Matthew S Street Address (P.O. Box Number is Not Acceptable): 3659 Coral Tree Circle  City: Coconut Creek FL Zip Code: 33073
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**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** Matthew S Enright **DATE** 3/24/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Matthew S Enright **DATE** 3/24/03 **Daytime Phone #** 954-895-3276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)