

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 013 ***150.00

DOCUMENT # P05000121211	
1. Entity Name	
Enloe/Morris Associates Two, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3145 South Atlantic Avenue	3. Mailing Address 3145 S Atlantic Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	203
City & State Daytona Beach Shores, FL	City & State Daytona Beach Shores, FL
Zip 32118-6272	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3486010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Rose C Enloe	
	Street Address (P.O. Box Number is Not Acceptable) 3145 Atlantic Avenue, 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 **Rose C Enloe** 3/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William D Morris 3145 S Atlantic Avenue, Unit 203 Daytona Beach Shores, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rose C Enloe 3145 S Atlantic Avenue, Unit 203 Daytona Beach Shores, FL 32118
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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 on an attachment with an address, with all other like empowered.

SIGNATURE William D Morris **William D Morris, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 **Date** (386) 322-0711 **Daytime Phone #**