

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

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 025 ***150.00

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

DO NOT WRITE IN THIS SPACE

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

40029852

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3486010	Applied For <input checked="" 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 So Atlantic Avenue, Unit 203	
City Daytona Beach Shores	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

02/17/08

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

10. OFFICERS AND DIRECTORS

TITLE President	NAME William D Morris
STREET ADDRESS 3145 So Atlantic Ave, Unit 203	CITY-ST-ZIP Daytona Beach Shores, FL 32118
TITLE Vice President	NAME Rose C Enloe
STREET ADDRESS 3145 So Atlantic Ave, Unit 203	CITY-ST-ZIP Daytona Beach Shoures, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/17/08 (386) 322-0711

Daytime Phone #