

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

ATX1

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

FILED
09 FEB 25 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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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	
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	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** **2/21/09**
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William D Morris 3145 So Atlantic Avenue, Unit 203 Daytona Beach Shores, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rose C Enloe 3145 So Atlantic Avenue, Unit 203 Daytona Beach Shores, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100144431461 02/25/09--01004--022 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/27

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** **2-24-09** **(386)322-0711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #