

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

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90011 014 ***150.00

DOCUMENT # P05000123926	
1. Entity Name	
Enloe Morris Associates Three, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3145 So Atlantic Avenue Suite, Apt. #, etc. 203 City & State Daytona Beach Shores, FL Zip 32118-6272	3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip 32118-6272 Country USA
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4. FEI Number 20-3522172	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

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

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

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

Make Check Payable to Florida Department of State

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	
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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 **DATE** 2/19/07 **(386) 322-0711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**