

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

**FILED  
Feb 14, 2008 8:00 am  
Secretary of State**

02-14-2008 90024 021 \*\*\*150.00

<b>DOCUMENT #</b> P05000123926
<b>1. Entity Name</b>  Enloe Morris Associates Three, Inc.

**DO NOT WRITE IN THIS SPACE**

40024960

<b>2. Principal Place of Business</b> 3145 So Atlantic Avenue		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc.	
<b>City &amp; State</b> Daytona Beach Shores, FL		<b>City &amp; State</b>	
<b>Zip</b> 32118-6272	<b>Country</b> Volusia	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 20-3522172		<b>Applied For</b> <input type="checkbox"/> Not Applicab	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Addition Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Rose C Enloe	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3145 So Atlantic Avenue, Unit 203	
<b>City</b> Daytona Beach Shores	<b>FL</b> <b>Zip Code</b> 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  
Trust Fund Contribution. Added to Fees**

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President William D Morris 3145 So Atlantic Avenue, Unit 203 Daytona Beach Shores, FL 32118	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rose C Enloe 3145 So Atlantic Avenue, Unit 203 Daytona Beach Shores, FL 32118	<b>TITLE</b> 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** 2-12-08 **(386) 322-0711**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Daytime Phone #**