

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) -

**FILED**

09 FEB 19 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3145 So Atlantic Avenue Suite, Apt. #, etc. 203		<b>3. Mailing Address</b> 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>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-3522172		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
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  
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		11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President William D Morris 3145 So Atlantic Avenue, Unit 203 Daytona Beach Shores 32118	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	800144011888 02/19/09--01036--013 **150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rose C Enloe 3145 So Atlantic Avenue, Unit 203 Daytona Beach Shores 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 **2/13/09** **(386)322-0711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #