## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P30028** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name ENHANCED BUILDING SERVICES, INC. 01-27-2000 90114 007 \*\*\*150.00 Principal Place of Business Mailing Address 4400 ALAFAYA TRAIL 4400 ALAFAYA TRAIL ORLANDO FL 32826-2398 ORLANDO FL 32826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 25-1499709 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)-Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ▼ Addition ☐ Change ☐ Delete TITLE TITLE AS SIMONINI, RR NAME NAME George Pompetzki STREET ADDRESS 12201 RESEARCH PKWY STREET ADDRESS 1301 6th Avenue CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32826 New York, NY 10019 ☐ Delete TITI F ☐ Change ☐ Addition COFFMAN, J M NAME NAME STREET ADDRESS 12201 RESEARCH PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 Delete\_ . Change Addition TITLE TITLE GILLESPIE, M P NAME STREET ADDRESS STREET ADDRESS 12201 RESEARCH PKWY CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32826 Addition TITLE ☐ Delete ☐ Change ZIKE, HARRY W NAME STREET ADDRESS STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIE CITY-ST-ZIE ORLANDO FL 32826 ☐ Addition ☐ Delete TITLE ☐ Change TITLE BROWN, SUSAN M NAME NAME STREET ADDRESS STREET ADDRESS 4400 ALAFYA TRAIL CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32826 ☐ Delete TITLE ☐ Change ☐ Addition TITI F PILLOW, M F NAME NAME 4400 ALAFAYA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAUNDONNOUREDASSIL Secretar

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Daytime Phone #