

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018124

1. Entity Name

ENTECH CORPORATION

Principal Place of Business

3081 COPTER ROAD
BOX 20, ELLYSON INDUSTRIAL PARK
PENSACOLA FL 32514

Mailing Address

3081 COPTER ROAD
BOX 20, ELLYSON INDUSTRIAL PARK
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3168622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MOORE, STEVEN T

~~1100 N 19TH AVE~~

~~PENSACOLA FL 32501~~

3090 ROBINSON POINT RD
MILTON FL 32583

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, STEVEN T	
STREET ADDRESS	1100 N 19TH AVE 3090 ROBINSON POINT RD	
CITY-ST-ZIP	PENSACOLA FL 32501 MILTON FL 32583	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNETTE, MICHAEL L	
STREET ADDRESS	702 JOHN GREEN ROAD 16684 PERDIDO KEY DR	
CITY-ST-ZIP	JONESBORO TN 37659 PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN T. MOORE

4/25/01

Date

(850) 484-9844

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)