

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031902

1. Entity Name

ENTERPRISE SYSTEMS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90080 001 ***150.00

Principal Place of Business Mailing Address
3606 ENTERPRISE AVENUE 3606 ENTERPRISE AVENUE
NAPLES FL 34104 NAPLES FL 34104-3608
US US

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 **65-0409820** 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

BARBER, DONALD R
3606 ENTERPRISE AVENUE
NAPLES FL 33942

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	BARBER, DONALD R	
STREET ADDRESS	3606 ENTERPRISE AVE.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUNNELL, JAY	
STREET ADDRESS	3606 ENTERPRISE AVE.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	V	<input type="checkbox"/> Delete
NAME	ENGEL, MELVIN L. J	
STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: James F. Bunnell, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/00 941-648-3343
Date Daytime Phone #

CR2E034 (9/99)