

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90120 037 ***150.00



DOCUMENT # P93000046333

1. Entity Name
CHUCK ENNS CONSTRUCTION COMPANY, INC.

Principal Place of Business
263 1/2 EASY ST.
FT. PIERCE FL 34982

Mailing Address
P.O. BOX 3507
FT. PIERCE FL 34948



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business
725 So. INDIAN RIVER DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce FL

City & State

4. FEI Number **65-0422685**

☐ **Applied For**
☐ **Not Applicable**

Zip
34950

Country

Zip

Country

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

ENNS, CHUCK
263 1/2 EASY ST.
FT. PIERCE FL 34982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **ENNS, CHARLES D.**
STREET ADDRESS **263 1/2 EASY ST.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **725 So. INDIAN RIVER DR.**
CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-2003
Date

772-466-3974
Daytime Phone #

CR2E034 (10/02)