

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000053607

1. Entity Name

ENNIS SOFTWARE ENGINEERING CORPORATION

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90914 048 \*\*\*150.00

0060339

|   |   |
|---|---|
| Principal Place of Business<br>4300 CAREYWOOD DRIVE<br>MELBOURNE FL 32934 | Mailing Address<br>4300 CAREYWOOD DRIVE<br>MELBOURNE FL 32934 |
|---|---|

757401



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3195395 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>ENNIS, CHARLES M<br>4300 CAREYWOOD DRIVE<br>MELBOURNE FL 32934 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ENNIS, CHARLES M<br>4300 CAREYWOOD DRIVE<br>MELBOURNE FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Charles M. Ennis Charles M. Ennis, Pres. 4/25/01 321-255-9144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)