

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90168 029 ***150.00

05/03/02 AV

DOCUMENT # P95000010166

1. Entity Name
ENTERPRISING SOLUTIONS, INC.

Principal Place of Business

**29 BEACHSIDE DR
 PALM COAST FL 32137
 US**

Mailing Address

**29 BEACHSIDE DR
 PALM COAST FL 32137
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2365-E DEERWOOD LANE

3. Mailing Address

2365-E DEERWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-3298109

Applied For

Not Applicable

Zip
32084

Country

US

Zip

32084

Country

US

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

**CRESPO, JOSE A
 29 BEACHSIDE DR.
 PALM COAST FL 32137**

Name

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

2365-E DEERWOOD LANE

City

ST. AUGUSTINE

FL

Zip Code

32084

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, 2002 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 NAME	PTD CRESPO, JOSE A	<input type="checkbox"/> Delete
STREET ADDRESS	29 BEACHSIDE DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE NAME	VSD CRESPO, MARY E	<input type="checkbox"/> Delete
STREET ADDRESS	29 BEACHSIDE DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2365-E DEERWOOD LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2365-E DEERWOOD LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jose A. Crespo

JOSE A. CRESPO

4/20/02 (904) 825-4768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)