

2002 UNIFORM BUSINESS REPORT (UBR)

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

0013/01 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
--	--



2. Principal Place of Business 2365-E DEERWOOD LANE	3. Mailing Address 2365-E DEERWOOD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32084	Zip 32084
Country US	Country US

4. FEI Number 59-3298109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRESPO, JOSE A
29 BEACHSIDE DR.
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 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	
TITLE NAME PTD CRESPO, JOSE A	<input type="checkbox"/> Delete
STREET ADDRESS 29 BEACHSIDE DR PALM COAST FL 32137	
TITLE NAME VSD CRESPO, MARY E	<input type="checkbox"/> Delete
STREET ADDRESS 29 BEACHSIDE DR PALM COAST FL 32137	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME CRESPO, JOSE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2365-E DEERWOOD LANE ST. AUGUSTINE, FL 32084	
TITLE NAME CRESPO, MARY E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2365-E DEERWOOD LANE ST. AUGUSTINE, FL 32084	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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)