

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017669

1. Entity Name
D. CARLTON ENFINGER, P.A.

Principal Place of Business

Mailing Address

822 NORTH MONROE ST.
TALLAHASSEE FL 32303
US

822 N MONROE ST
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

625 EAST TENNESSEE ST
STE 200
TALLA FL

625 EAST TENN. ST
STE 200
TALLA FL

Zip 32308 Country LEON

Zip 32308 Country LEON

6. Name and Address of Current Registered Agent

ENFINGER, D C
822 N MONROE ST
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
625 EAST TENNESSEE ST STE 200
TALLAHASSEE FL Zip Code 32308

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 D. Carlton Enfinger, Pres. & Reg Agent DATE 12-401

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

TITLE P
NAME ENFINGER, D C
STREET ADDRESS 822 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 625 EAST TENN ST STE 200
STREET ADDRESS TALLA FL
CITY-ST-ZIP 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004706282--1
STREET ADDRESS -12/05/01--01062--011
CITY-ST-ZIP ****750.00 ****750.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: D. Carlton Enfinger, Pres. DATE 12-401 DAYTIME PHONE # 425 2828

APPROVED
AND
FILED

01 DEC -4 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3299113 Applied For ☐ Not Applicable ☐

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

0026653

CR2E034 (10/00)