

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065182

1. Entity Name

ENOTS INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90053 032 \*\*\*155.00

Principal Place of Business

Mailing Address

P O BOX 354202  
PALM COAST FL 32135  
US

P O BOX 354202  
PALM COAST FL 32174-4865  
US

2. Principal Place of Business

228 Coventry Court  
Suite, Apt. #, etc.

3. Mailing Address

228 Coventry Court  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL.

City & State

Ormond Beach, FL.

4. FEI Number

59-3332270

Applied For

☒ Not Applicable

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

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

STONE, FRANK L  
228 COVENTRY CT  
ORMOND BCH FL 32174

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.

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, 2000 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  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
STONE, FRANK L  
228 COVENTRY CT  
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Frank L. Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 (904) 676-9322

Date

Daytime Phone #

CR2E034 (9/99)