

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096041

1. Entity Name

ENHANCED CONSTRUCTION COMPANY, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90106 048 ***158.75

Principal Place of Business	Mailing Address
8513 SUNFLOWER LANE HUDSON FL 34667 US	8513 SUNFLOWER LANE HUDSON FL 34667-2544 US

2. Principal Place of Business	3. Mailing Address
6902 COMMERCE BLVD.	6902 COMMERCE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE C	SUITE C
City & State	City & State
PORT RICHEY, FLORIDA	PORT RICHEY, Florida
Zip	Zip
34668	34668
Country	Country
U.S.A.	U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
APPLEGATE, DAVID 8513 SUNFLOWER LANE HUDSON FL 34667	Name: APPEL GATE DAVID Street Address (P.O. Box Number is Not Acceptable): 6902 COMMERCE BLVD. Suite C City: PORT RICHEY, FLA. FL Zip Code: 34668

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: *David Applegate* DAVID APPEL GATE 1-24-00
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) <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLYE, EDWARD S	NAME	SAME / NO CHANGE
STREET ADDRESS	618 GULF BLVD	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	CITY-ST-ZIP	
TITLE	VDST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL GATE, DAVID	NAME	SAME / NO CHANGE
STREET ADDRESS	8513 SUNFLOWER LANE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: *David Applegate V.P.* 1-24-00 (727) 862-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #