

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096041

1. Entity Name
ENHANCED CONSTRUCTION COMPANY, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90053 017 ***158.75

Principal Place of Business

6902 COMMERCE BLVD
SUITE C
PORT RICHEY FL 34668
US

Mailing Address

6902 COMMERCE BLVD
SUITE C
PORT RICHEY FL 34668
US

2. Principal Place of Business

8811 STATE ROAD 52

Suite, Apt. #, etc.

SUITE # 26

3. Mailing Address

← SAME

Suite, Apt. #, etc.

← SAME

City & State

HUDSON, FLORIDA

City & State

← SAME

Zip

34667

Country

PASCO USA

Zip

← SAME

Country

← SAME

4. FEI Number 59-3351514

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

YES

6. Name and Address of Current Registered Agent

APPLEGATE, DAVID
6902 COMMERCE BLVD
SUITE C
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name APPELLEGATE, DAVID

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

8811 STATE ROAD 52
SUITE # 26

City

HUDSON

FL

Zip Code

34667

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 APPELLEGATE

1-8-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

NO

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PLYE, EDWARD S	
STREET ADDRESS	618 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	APPELLEGATE, DAVID	
STREET ADDRESS	8513 SUNFLOWER LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward S. PYLE	
STREET ADDRESS	25543 DAN BROWN HILL ROAD	
CITY-ST-ZIP	BROOKSVILLE, FLORIDA 34602	
TITLE	VDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID APPELLEGATE	
STREET ADDRESS	8513 SUNFLOWER LANE	
CITY-ST-ZIP	HUDSON, FLORIDA 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Applegate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID APPELLEGATE 1-8-01 862-8199
Date Daytime Phone #

901784



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)