**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nam	MENT # <b>P960000</b> ( TIONAL ENTERPRISES, INC.	05520 ·,	i i		Jan 31, 200 Secretary 01-31-2001 90056	of Sta	ate
Principal Plac	ce of Business	Mailing Address					
320-B STAN DRIVE 320-B STAN DRIVE MELBOURNE FL 32904 MELBOURNE FL 32904				:			
2. Principal Place of Business  709 Silver Vala Ave 3. Mailing Address Ver  Suite, Apt #, etc.  Suite, Apt #, etc.				Ave	DO NOT WRITE IN TH		
Me Bourne FL Me Shourne i			CC	4.	FEI Number <b>59-3356743</b>		pplied For
3290		32901	Courtry	5.	Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current Re	gistered Agent	Name	7.	Name and Address of New Registere	d Agent	
ANDERSON, J P 930 SO. HARBOR CITY BLVD. STE 505 MELBOURNE FL 32901				Street Address (P.O. Box Number is Not Acceptable)			
MCC			City		F	Zip Code	9
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.			00 50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	<b>0</b> May Be
·	OFFICERS AND DI	<u> </u>	12.		DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	D RICHARDS, STEVEN F 3275-C OATS DRIVE MELBOURNE BACH FL 32951	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richa 2665	rds, Steven F. Laxemont 12d. Dourne, FL3293	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, CHARLES A 2 ROSETTER CIRCLE INDIALANTIC FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TITL					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition 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 NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
13. I hereby of indicated of the corchanged	certify that the information supplied with the on this report or supplymental report is troporation or the received of truetee empower, or on an attachment with an address, with	is filing does not qualify for t ue and accurate and that my gred to execute this report a light other like empowered.	the exemption stat y signature shall h s required by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha ida Statutes; and that my name appear	certify that the in t I am an officer rs in Block 11 or	nformation or director Block 12 if