

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90006 020 \*\*\*150.00

00002780



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P96000041723</b>																																																																																																																											
1. Entity Name <b>1320 ENTERPRISES INC.</b>																																																																																																																											
Principal Place of Business <b>1500 AVE R SUITE 200 RIVIERA BEACH FL 33404 US</b>		Mailing Address <b>1500 AVE R SUITE 200 RIVIERA BEACH FL 33404 US</b>																																																																																																																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																									
City & State		City & State																																																																																																																									
Zip	Country	Zip	Country																																																																																																																								
4. FEI Number <b>65-0667956</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>EDWARDS, WILLIAM O 1500 AVE R SUITE 200 SUITE E RIVIERA BEACH FL 33404</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																																																																																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																									
11. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td><b>D</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>EDWARDS, WILLIAM O</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>1500 AVE R SUITE 200</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>RIVIERA BEACH FL</b></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	<b>D</b>	<input type="checkbox"/> Delete	NAME	<b>EDWARDS, WILLIAM O</b>		STREET ADDRESS	<b>1500 AVE R SUITE 200</b>		CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>		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 <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		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			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete																																																																																																																									
NAME	<b>EDWARDS, WILLIAM O</b>																																																																																																																										
STREET ADDRESS	<b>1500 AVE R SUITE 200</b>																																																																																																																										
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>																																																																																																																										
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																																																																																																																											
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																																																																																																																											
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: <i>William O. Edwards</i>		SIGNATURE: <i>WILLIAM O. EDWARDS</i>																																																																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1-5-01</i> Daytime Phone # <i>561-863-2188</i>																																																																																																																									

CR2E034 (10/00)