

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90162 001 ***158.75

0615323 AT

DOCUMENT # P96000082122

1. Entity Name
ENTREPORT CORPORATION

Principal Place of Business 2790 BUSINESS PARK DRIVE SUITE B VISTA CA 92083	Mailing Address 2790 BUSINESS PARK DRIVE SUITE B VISTA CA 92083
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5937 Darwin Ct	3. Mailing Address 5937 Darwin Ct
Suite, Apt. #, etc. Suite #109	Suite, Apt. #, etc. Suite #109

City & State Carlsbad CA	City & State Carlsbad CA
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Zip 92008	Country USA	Zip 92008	Country USA
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4. FEI Number 65-0703923	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD D'ARCANGELO, DAVID J 2790 BUSINESS PARK DR, SUITE B VISTA CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SHUE, WILLIAM A 2790 BUSINESS PARK DR., SUITE B VISTA CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACONE, TONY 2790 BUSINESS PARK DR., SUITE B VISTA CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, SCOTT G. 2790 BUSINESS PARK DR., SUITE B VISTA CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, JOHN A 2790 BUSINESS PARK DR., SUITE B VISTA CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RIES, DEBORAH A 2790 BUSINESS PARK DR., SUITE B VISTA CA 92083

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board 5937 Darwin Ct, Suite # 109 Carlsbad CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT 5937 Darwin Ct, Suite #109 Carlsbad CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5937 Darwin Ct, Suite 109 Carlsbad CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5937 Darwin Ct, Suite 109 Carlsbad CA, Suite 109 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Peterson 5937 Darwin Ct, Suite 109 Carlsbad CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5937 Darwin Ct, Suite 109 Carlsbad CA 92008

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Deborah A RIES* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** **1/17/02** **760-688-1144x105**

Date Daytime Phone #

CR2E034 (9/01)