

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name
ENTREPORT CORPORATION

FILED

06 JAN -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 0306

Principal Place of Business
5937 DARWIN CT
SUITE 109
CARLSBAD CA 92008

Mailing Address
5937 DARWIN CT
SUITE 109
CARLSBAD CA 92008

2. Principal Place of Business
111 SECOND AVE NE
SUITE 917

3. Mailing Address
SAME
SUITE, Apt. #, etc.

City & State
ST. PETERSBURG FL
Zip
33701

City & State
FL

4. FEI Number 65-0703923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name STEPHEN J. NEMERLUT
Street Address (P.O. Box Number is Not Acceptable)
111 SECOND AVE
SUITE 917
City ST. PETERSBURG FL Zip Code 33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB D'ARCANGELO, DAVID J 5937 DARWIN CT SUITE 109 CARLSBAD CA 92008	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHUE, WILLIAM A 5937 DARWIN CT. SUITE 109 CARLSBAD CA 92008	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACONE, TONY 5937 DARWIN CT STE 109 VISTA CA 92083	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, SCOTT G 5937 DARWIN CT STE 109 CARLSBAD CA 92008	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, BRUCE 5937 DARWIN CT STE 109 VISTA CA 92083	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RIES, DEBORAH A 5937 DARWIN CT STE 109 VISTA CA 92083	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB STEPHEN J. NEMERLUT 111 SECOND AVE SUITE 917 ST. PETERSBURG, FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE COLEMAN 1750 BARBARAN LN LEUCADIA, CA 92024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700064056697 01/19/06--01018--008 **1208.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)