

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91597 036 \*\*\*150.00

**DOCUMENT # P96000091809**

**1. Entity Name**  
**ENRO MANUFACTURING, INC.**

**Principal Place of Business**  
**POST OFFICE BOX 31925**  
**PALM BEACH GARDENS FL 33420**

**Mailing Address**  
**POST OFFICE BOX 31925**  
**PALM BEACH GARDENS FL 33420**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0708095**

Applied For  
 Not Applicable

Zip Country

Zip Country

**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**

**MARTIN, G. MICHAEL**  
**560 VILLAGE BLVD.**  
**SUITE 335**  
**WEST PALM BEACH FL 33409**

Name  
**Richard E. McKinnon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2203 Carib Circle**  
 City  
**Palm Beach Gardens** **FL** Zip Code  
**333410**

**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** **Richard E. McKinnon Pres.**

(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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
 NAME **MCKINNON, RICHARD E**  
 STREET ADDRESS **POST OFFICE BOX 31925 NA**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **FLETCHER, CYNTHIA**  
 STREET ADDRESS **2875 SOUTH OCEAN BLVD. STE. 200**  
 CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Dr. Roy A Cook**  
 STREET ADDRESS **1104 Oak Dr., Durango, Co. 81301**  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **MCKINNON, PRISCILLA**  
 STREET ADDRESS **POST OFFICE BOX 31925 NA**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**  
**Richard E. McKinnon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**  
 Date

**561-777-8620**  
 Daytime Phone #

CR2E034 (9/01)