

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90080 039 ***150.00

DOCUMENT # P97000023531

1. Entity Name
ENTERPRISE SOLUTION SERVICES, INC.



Principal Place of Business
516 DOUGLAS AVE. SUITE 1102
ALTAMONTE SPRINGS FL 32714

Mailing Address
516 DOUGLAS AVE. SUITE 1102
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
658 Douglas Ave
Suite, Apt. #, etc.
1114

3. Mailing Address
658 Douglas Ave
Suite, Apt. #, etc.
1114

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip
32714 **Country**
USA

Zip
32714 **Country**



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3435192** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, RICHARD J
516 DOUGLAS AVE, SUITE 1102
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
CRUZ Richard J.
Street Address (P.O. Box Number is Not Acceptable)
658 Douglas Ave
Suite 1114
City **Altamonte Springs** **FL** **Zip Code**
32714

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **CRUZ, RICHARD J**
STREET ADDRESS **516 DOUGLAS AVE, SUITE 1102**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **658 Douglas Ave Suite 1114**
CITY-ST-ZIP **Altamonte Springs FL 32714**

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 **407.462.7755**

Date **Daytime Phone #**

CR2E034 (10/02)