## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000108279** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** ENIGMA INVESTIGATIONS, INC. 01-12-2000 90045 049 \*\*\*150.00 Mailing Address Principal Place of Business 6691-B 121ST AVE. NORTH 6691-B 121ST AVE. NORTH LARGO FL 33569-7082 LARGO FL 33773 3. Mailing Address 2. Principal Place of Business FILAGREE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3487875 VERVIEW FLORIDA Not Applicable IVERVIE \$8.75 Additional 5. Certificate of Status Desired fillsboroug1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOMINIC COLOUTES, DOMINIC Street Address (P.O. Box Number is Not. 6691-B 121ST AVE. NORTH SAINT **LARGO FL 33773** RIVERVIEW 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. J. COLWIES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D ☐ Addition TITI F ☐ Delete TITLE COLOUTES, DOMINIC NAME COLOUTES, DOMINIC NAME STREET ADDRESS STREET ADDRESS 6691-B 121ST AVE. NORTH 13014 SAINT FILAGREE CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** BIVERVIGED, FLORIDA ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition .. 🔲 . Delete 👡 👡 👡 TITLE. TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

01/03/00