

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010040
 1. Entity Name
CORPORATE ENTERPRISE OPTIONS, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT -9 AM 8:44

Principal Place of Business Mailing Address
4190 BELFORD ROAD **11111 2A SAN JOSE BLVD**
SUITE 200 **#330**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32223**



REINSTATEMENT DO NOT WRITE IN THIS SPACE **00**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **3832-010 Baymeadows Rd**
PM B 330
 City & State City & State
Jacksonville, FL
 Zip Country Zip Country
32217 **USA**

4. FEI Number Applied For
59-3501659 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
BOOHER, DOUGLAS A ESQUIRE Name **Dana G. Bradford, II**
DOUGLAS A. BOOHER, P.A. Street Address (P.O. Box Number is Not Acceptable)
50 N. LAURA STREET, SUITE 2200 **50 N. Laura Street, Suite 2200**
JACKSONVILLE FL 32202 City **Jacksonville** **FL** Zip Code **32202**

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 **10/3/00**
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. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After SEPTEMBER 13, 2000 Min. will be \$750.00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLIAMS, CASEY MR 2931 SANDY BRANCH LANE JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003434460--6 -10/23/00--01016--023 ****750.00 ****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 also 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** **9/26/00** **904/279-9330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #