

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90055 049 ***150.00

DOCUMENT # P98000018467

1. Entity Name
ENTRE NOUS 2000 INC.



Principal Place of Business
**BLDG A-18 L EST BOVONI
ST THOMAS VI 00802**

Mailing Address
**P.O. BOX 305098
ST. THOMAS VI 00803**

60025234



2. Principal Place of Business

3. Mailing Address

1030 LOVELL DRIVE

1030 Lovell Drive

Suite, Apt. #, etc

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

TITUSVILLE, FLORIDA

TITUSVILLE FLORIDA

4. FEI Number **65-0819488**

Applied For
Not Applicable

Zip **32796**

Country **USA**

Zip **32796**

Country **USA**

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

**BURNS, ALBA
1030 LOVELL DRIVE
TITUSVILLE FL 32796**

Name

BEN G. BURNS

Street Address (P.O. Box Number is Not Acceptable)

2353 MISSION ROAD

City

TALAHASSEE

FL

Zip Code

32304

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: **Ben G. Burns**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPT** ☐ Delete
NAME **BURNS, KEITH**
STREET ADDRESS **1030 LOVELL DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

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

TITLE **S** ☐ Delete
NAME **BURNS, ALICIA**
STREET ADDRESS **1030 LOVELL DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **S** ☒ Change ☐ Addition
NAME **LENNOX, ALICIA**
STREET ADDRESS **706 MYRTLE CT-APT. 104**
CITY-ST-ZIP **ORLANDO, FLORIDA 32825**

TITLE **P** ☐ Delete
NAME **BURNS, ALBA**
STREET ADDRESS **1030 LOVELL DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

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

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:

Keith Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/03

Daytime Phone #

340-713-0200

CR2E034 (10/02)