2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P98000019649 1. Entity Name ENTERPRISE CONSULTING SERVICES, INC. 04-26-2000 90164 003 ***150.00 Principal Place of Business Mailing Address 7302 BLACKBERRY LANE N 7302 BLACKBERRY LANE N JACKSONVILLE FL 32244 JACKSONVILLE FL 32244-5912 US 2. Principal Place of Business 3. Mailing Address 2715 PARK SUMMIT BLUD. 10+6 NORTH 120 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3497179 JACKSONVILLE Not Applicable Country US A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, JOHN A Street Address (P.O. Box Number is Not Acceptable) 7302 BLACKBERRY LANE N JACKSONVILLE FL 32244 City Zip Code Fi 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, 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. 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS BROWN JOHN 120 10th AUG. NORTH Change ☐ Addition TITLE ☐ Delete TITLE BROWN, JOHN NAME NAME 7302 BLACKBERRY LANE, NORTH STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH, FLA CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 32344 vps ☐ Addition TITLE ☐ Delete TITLE BROWN, CANDIS A WORTH NAME BROWN, CANDIS A NAME STREET ADDRESS 7302 BLACKBERRY LANE, NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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.

TITLE

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SIGNATURE JAS GINBY BY TOUR REPORT OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CITY-ST-ZIP

4/19/00

904.703.7825

Change

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Daytime Phone #

CROF