

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90132 033 ***158.75

A0062118

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98-0000196A9** ✓
 1. Entity Name
ENTERPRISE CONSULTING SERVICES, INC.

Principal Place of Business
7302 BLACKBERRY LN N
JAX, FL. 32244

Mailing Address
7302 BLACKBERRY LN N
JAX, FL. 32244

2. Principal Place of Business
HC2 BOX 504
 Suite, Apt. #, etc.
CRESCENT CITY, FLA.
 City & State

3. Mailing Address
HC2 BOX 504
 Suite, Apt. #, etc.
CRESCENT CITY, FLA.
 City & State

Zip
32112

Country
USA

Zip
32112

Country
USA

4. FEI Number
593497179

Applied For
☐ 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

Name **JOHN A. BROWN**

Street Address (P.O. Box Number is Not Acceptable)
HC2 BOX 504

City **CRESCENT CITY** FL Zip Code **32112**

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 **John A. Brown** **JOHN A. BROWN, PRESIDENT** **4/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	VICE PRESIDENT CANDIS BROWN 7302 BLACKBERRY LN N JAX, FLA 32240 <input checked="" 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	JOHN A. BROWN <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	PRESIDENT JOHN A. BROWN 7302 BLACKBERRY LN N JAX, FL 32240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN A. BROWN HC2 BOX 504 CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CANDIS BROWN 7302 BLACKBERRY LN N JAX FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN A. BROWN HC2 BOX 504 CRESCENT CITY, FL 32112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CANDIS BROWN 7302 BLACKBERRY LN N JAX, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHN A. BROWN HC2 BOX 504 CRESCENT CITY, FL 32112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **John A. Brown** **JOHN A. BROWN, PRESIDENT** **4/25/01** **904/703-7825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)