

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90165 009 ***150.00

DOCUMENT # P98000030085

1. Entity Name

ENSITE DESIGN CONSULTANTS, INC.



Principal Place of Business

Mailing Address

605 E.ROBINSON ST
 SUITE 610
 ORLANDO FL 32801

605 E.ROBINSON ST
 SUITE 610
 ORLANDO FL 32801

00010042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

605 E. ROBINSON ST.

605 E. ROBINSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 340

SUITE 340

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3502759

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

COPE, MACK A
 605 E.ROBINSON ST.
 SUITE 610
 ORLANDO FL 32801

Name

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

605 E. ROBINSON ST.

SUITE 340

City

FL

Zip Code

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

Mack A. Cope

MACK A. COPE

04/05/01

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	COPE, MACK A	605 E.ROBINSON ST. SUITE 610 ORLANDO FL 32801	<input type="checkbox"/>
	D	COPE, MARGARET A	605 E. ROBINSON ST. #610 ORLANDO FL 32801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		605 E. ROBINSON ST	SUITE 340	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		605 E. ROBINSON ST.	SUITE 340	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Mack A. Cope

MACK A. COPE

DATE

DAYTIME PHONE #

04/05/01

407 981 0660

CR2E034 (10/00)