## 2000 UNIFORM BUSINESS REPORT (UBR)

						•				
DOCUMENT # P98000038601  1. Entity Name					}	FILED				
ENABLING BUSINESS SOLUTIONS, INC.						00 MAR 14 AM 9: 12				
						SHOBE BARY OF STATE TABLAHASSEE, FLORIDA				
Principal Place		•	Mailing Address			TATISHASSEE	FEBRIOM			
		9014 WESTBAY BLVO. TAMPA FL 33615-2748	9014 WESTBAY BLVD. TAMPA FL 33615-2748			·				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT	WRITE IN THIS S	SPACE		
City & State		, City & State	, City & State		4, 1	FEI Number 59-3524	<del></del>	<u> </u>	plied For	
Zip Country		Zip	Zip Countr		- 5 (	Certificate of Status Desir	- ist he	\$8.75 Add		
			<u> </u>			Name and Address of N		Fee Required	<u>t</u>	
	6. Name and Address of Curren	t Hegistered Agent		Name	<u>, , , , , , , , , , , , , , , , , , , </u>					
HARTSFIELD, PHILLIP A				Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	westbay blvd. Pa Fl 33615		9011			vestbay	Blud			
17 4411			City —			OB TOUR	FL		015	
9 The shave	named entity submits this statement	for the particles of changing its	registers	ed office or r	registered ag	ent or both in the State		<u> </u>	<u> </u>	
o. The above	riallied entity submit in a plate get in		o rogiotore			_				
SIGNATURE	Signature, typed or printed name of registered ager	nrand title if applicable. (NOT		d Agent signature	15F16 e required when re		-13-02	<u>)                                    </u>	<del></del>	
9 This corno	pration is eligible to satisfy its Intangib		!!! FEE	IS \$150.00	0 *	40 Stanting Commission	- Cinonaian		•	
Tax filing r	equirement and elects to do so.	After MAY 1, 20 Make Check Paya	000 Fee	will be \$55	50.00	10. Election Campaig Trust Fund Contril	·		O May Be I to Fees	
11.		D DIRECTORS	12.	spai (ment		DDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	PCEO	X Delete	τιτιε					☐ Change	Addition	
NAME STREET ADDRESS	HARTSFEILD, PHILLIP 9014 WESTBAY BLVD.		NAM Stre	E ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33615			-57-ZIP						
TITLE	VP	☐ Delete	TITL	E	Presi	dent	~~~ A	Change	☐ Addition	
NAME STREET ADDRESS	HARTSFEILD, TAMELA 9014 WESTBAY BLVD.		NAM STRE	E ET ADDRESS	92141	SFIELD, TA	RI ud-			
CITY-ST-ZIP	TAMPA FL 33615		CITY	-ST-ZIP	tan	vestbay 7	615		-10-	
TITLE		☐ Delete	TITLI NAM		Trec	dore John	150N-Uf	▶ ☐ Change	Addition	
NAME STREET ADDRESS				ET ADDRESS		E. Radciil				
CITY-ST-ZIP			CITY	-ST-ZIP	AU K	raido 8	0015			
TITLE		Delete	TITLI NAM	l l		رسدن رسدن رسين		Change	Addition	
NAME STREET ADDRESS				ET ADDRESS		3000C -02	/31 <i>6</i> 3 /22/000	ਟੁਤਾਰਾ 1013(	r 129	
CITY-ST-ZIP			CITY	-ST-ZIP		- **	* <u>*158,75</u>	****1	99.75—	
TITLE		☐ Delete	TITL	Ī				Change	Addition	
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		Delete	TITU NAM	1				Change	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS				9	KE	
CITY-ST-ZIP				-ST-ZIP						
13. I hereby of indicated of the collaboration of t	certify that the information supplied w on this report or supplemental report reporation or the receiver or trustee em or on an attachment with an address	ith this filing does not qualify for its true and accurate and that powered to execute this reports, with all other like the powered.	or the exe my signa t as requi	mption state ture shall ha red by Chap	ed in Section ave the same oter 607, Flor	119.07(3)(i), Florida Stati legal effect as if made ur ida Statutes; and that my	utes. I further cer nder oath; that I a name appears in	tify that the ii am an officer n Block 11 or	nformation or director r Block 12 if	
CICNIAT	TIDE.	HT //L/				3-13-0	12 8/3	-889-	8866	
SIGNAT	UKE SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date		Daytime Phone #	<u></u>	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (9/99)