

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054796

1. Entity Name

ENTERPRISE AUCTIONS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90151 022 ***158.75

610379



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

MASON AVE.
BEACH FL 32117

1039 MASON AVE.
DAYTONA BEACH FL 32117-4611

2. Principal Place of Business

1023 Mason Av

3. Mailing Address

1023 Mason Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach FL

4. FEI Number

59-3529156

Applied For

Not Applicable

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUTHERFORD, JON
1039 MASON AVE.
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name

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

1023 Mason Av

City

Daytona Beach

FL

Zip Code
32117

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

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, 2000 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 **D** ☐ Delete
NAME **RUTHERFORD, JON**
STREET ADDRESS **1039 MASON AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **D** ☐ Delete
NAME **KAIN, JULIA**
STREET ADDRESS **1039 MASON AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1023 Mason Av**
CITY-ST-ZIP

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1023 Mason Av**
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Julia M. Kain
Julia M. Kain, Secretary/Treasurer

01/24/00

(904) 255-9191

Date

Daytime Phone #

CR2E034 (9/99)