04/30/2001 MON 09:09 FAX 904 255 2060 WESTON GREGORY

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90629 035 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054796

1. Entity Name
ENTERPRISE AUCTIONS, INC.

Principal Place of Business | Mailing Address

C0069166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1023 Mason Avenue	3. Mailing Address: Same
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Daytona Beach, FL	City & State: Same
Zip: 32117 / Country: Volusia	Zip: Same / Country: Same

4. FEI Number: 59-3529156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUTHERFORD, JON
1023 MASON AV
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ____________________
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) ☐

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Jon C.Rutherford	
STREET ADDRESS	316 Burleigh Avenue	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	Secretary/Treasurer	☐ Delete
NAME	Julia M. Kain	
STREET ADDRESS	316 Burleigh Avenue	
CITY-ST-ZIP	Holly Hill, 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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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 04/30/01 (386) 255-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Julia M. Kain - Secretary/Treasurer