

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90118 043 ***150.00

DOCUMENT # P98000057188

1. Entity Name

ENCHANTED JORNEY INCORPORATED

Principal Place of Business

**1060 SECOND STREET SOUTH
 NAPLES FL 34102**

Mailing Address

**1060 SECOND STREET SOUTH
 NAPLES FL 34102**

2. Principal Place of Business

501 Goodlette Road North

3. Mailing Address

501 Goodlette Road North

Suite, Apt. #, etc.

B-306

Suite, Apt. #, etc.

B-306

City & State

Naples Florida

City & State

Naples Florida

Zip

34102

Country

Zip

34102

Country

4. FEI Number

59-3518363

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRITY, JENNIFER S

1060 SECOND STREET SOUTH

NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

8699 Purslane Drive

City **Naples**

FL

Zip Code **34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jennifer Garrity**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9.2.2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **GARRITY, JENNIFER S**
 STREET ADDRESS **1060 2ND STREET SOUTH**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8699 Purslane Drive**
 CITY-ST-ZIP **NAPLES Florida 34109**

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

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

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Garrity

9.2.2002

404-819-3584

Date

Daytime Phone #

CR2E034 (4/02)

To Whom it may Concern, **Attachment**

9.2.2002.

P98000057188

This is to inform you that

this is Enchanted Journeys first noticed
received for the Uniform Business Report.

Enclosed is the original 150⁰⁰ filing fee.
It is my understanding that any penalty will
be waived:

Sincerely,

Jennifer Garity