

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90088 044 ***150.00

DOCUMENT # **098000057188**

1. Entity Name
ENCHANTED Journey Incorporated



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4171 Lake Forest Dr

Suite, Apt. #, etc.
1412

3. Mailing Address
100 Kates Bridge

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs Florida

City & State
Newnan Georgia

4. FEI Number
593518363

Applied For
Not Applicable

Zip
34134

Country
US

Zip
30263

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jennifer Garity

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

4171 Lake Forest Dr #1412

City
Bonita Springs

FL

Zip Code
34134

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

5-28-2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Jennifer Garity
4171 Lake Forest Dr. #1412
Bonita Springs FL 34134**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jennifer Garity**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-2003

Date

404 819 3584

Daytime Phone #

CR2E034B (12/02)