

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092404

FILED

1. Entity Name

ENFM PRODUCTS & SERVICES, INC.

00 OCT 16 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11339 E. DISTRIBUTION AVE.  
JACKSONVILLE FL 32256

Mailing Address  
11339 E. DISTRIBUTION AVE.  
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3574514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITEMAN, BRIAN  
11339 E. DISTRIBUTION AVE.  
JACKSONVILLE FL 32256

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

BRIAN L. WHITEMAN

*[Handwritten Signature]*

10/11/00

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 \$550.00

After SEPTEMBER-13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME              | STREET ADDRESS                 | CITY-ST-ZIP                  | <input type="checkbox"/> Delete |
|-------|-------------------|--------------------------------|------------------------------|---------------------------------|
| D     | DONKERVOORT, HANS | NIEUWPOORTWEG 10, P.O. BOX 148 | 3100 AC SCHIEDAM NETHERLANDS | <input type="checkbox"/>        |
|       |                   |                                |                              | <input type="checkbox"/>        |
|       |                   |                                |                              | <input type="checkbox"/>        |
|       |                   |                                |                              | <input type="checkbox"/>        |
|       |                   |                                |                              | <input type="checkbox"/>        |
|       |                   |                                |                              | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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-10/27/00-01020-023  
\*\*\*758.75 \*\*\*758.75

REINSTATEMENT

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/00

(904) 262-5300

Date

Daytime Phone #

CR2E034 (5/00)