

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

02-06-2001 90249 023 ***158.75
 08-20-2001 90068 026 ***400.00

000432 AV


DOCUMENT # P98000092404

1. Entity Name
ENFM PRODUCTS & SERVICES, INC.

Principal Place of Business 11339 E. DISTRIBUTION AVE. JACKSONVILLE FL 32256	Mailing Address 11339 E. DISTRIBUTION AVE. JACKSONVILLE FL 32256
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

AV001040



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3574514**


Applied For
 Not Applicable

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

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  DATE **7/5/01**

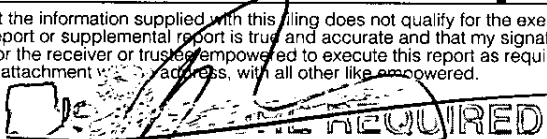
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONKERVORST, HANS NIEUWPOORTWEG 10, P.O. BOX 148 3100 AC SCHIEDAM NETHERLANDS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE:  DATE **7/5/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)

ENFM-USA, INC.

ATTACHMENT
A0081925

DEPARTMENT OF STATE
01/31/01

P98000092404

FLORIDA DEPARTMENT OF STATE 2001 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT #P98000092404 - ENFM PRODUCTS & SERVICES, INC.

\$158.75

#

ENFM-USA, INC.
11330 E. DISTRIBUTION AVE.
JACKSONVILLE, FL 32256

BANK OF AMERICA
001-001
JACKSONVILLE, FL 32256
83-4/630

13394

ENFM PRODUCTS & SERVICES, INC.
#P98000092404 FEI #59-3574514

DATE
01/31/01

AMOUNT
\$158.75

PAY ***ONE HUNDRED FIFTY-EIGHT AND 75/100 DOLLARS***

TO THE
ORDER
OF:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

AUTHORIZED SIGNATURE

⑈013394⑈ ⑆063000047⑆ 2101210049⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK. Ⓢ

ENFM-USA, INC.

13394

ENFM PRODUCTS & SERVICES, INC.
#P98000092404 FEI #59-3574514
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