

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 99 00000 3686

1. Entity Name **Gopher Earthworks, INC.**

FILED

02 MAR -6 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **127 Ridge DR**  
Suite, Apt. #, etc.

3. Mailing Address **127 Ridge DR**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Naples FL**  
Zip **34108** Country **USA**

City & State **Naples FL**  
Zip **34108** Country **USA**

4. FEI Number **59-3546865**  
Applied For ☐ Not Applicable

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 **Seth Enlow**

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

**875 10th Ave. S.**

City **Naples, FL** Zip Code **34102**

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 \_\_\_\_\_ (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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 **President**  
NAME **Seth Enlow**  
STREET ADDRESS **875 10th Ave S.**  
CITY-ST-ZIP **Naples, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800005169198--0  
-03/26/02--01045--010  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE **V.P.**  
NAME **Robert Enlow**  
STREET ADDRESS **127 Ridge DR**  
CITY-ST-ZIP **Naples, FL 34108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Seth Enlow** **Seth Enlow 2.23.02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)