

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90116 043 ***150.00

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DOCUMENT # P99000011202

1. Entity Name
THE ENHANCEMENT CORPORATION OF AMERICA, INC.



Principal Place of Business
**4817 GRAPERINE WAY
DAVIE FL 33331**

Mailing Address
**4817 GRAPERINE WAY
DAVIE FL 33331**



2. Principal Place of Business
15401 DOVER CT

3. Mailing Address
15401 DOVER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number
65-0890549

Applied For
☐ Not Applicable

Zip
33331

Country
USA

Zip
33331

Country
USA

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

**BONFIELD, JOSEPH E
4817 GRAPEVINE WAY
DAVIE FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)
15401 DOVER CT

City
DAVIE

FL

Zip Code
33331

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

JOSEPH BONFIELD PRES.

1/21/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BONFIELD, JOSEPH E
4817 GRAPEVINE WAY
DAVIE FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15401 DOVER CT. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BONFIELD, RUTH C
4817 GRAPEVINE WAY
DAVIE FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15401 DOVER CT ☒ Change ☐ Addition

TITLE
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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Bonfield* PRES. **1/21/03** **954-680-3319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)