

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**  
 01-24-2000 90050 015 \*\*\*158.75

**DOCUMENT # P99000013884**

Entity Name  
**ENSOR CONSTRUCTION, INC.**

Principal Place of Business <b>MILLER SQUARE INTERLACHEN FL 32148</b>	Mailing Address <b>118 MILLER SQUARE INTERLACHEN FL 32148-4126</b>
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Principal Place of Business	3. Mailing Address <b>P.O. Box 1252</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Interlachen FL</b>	4. FEI Number <b>59-3558533</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32148</b>	Country <b>Patnam</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>ENSOR, JOSEPH E III 118 MILLER SQUARE INTERLACHEN FL 32148</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. **1/18/2000**

SIGNATURE: *Joseph E. Ensor III* **Joseph E. Ensor III President/Treasurer** DATE: **1/18/2000**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete	TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ENSOR, JOSEPH E</b>		NAME <b>Ensor, III Joseph E</b>	
STREET ADDRESS <b>118 MILLER SQUARE</b>		STREET ADDRESS <b>118 miller square</b>	
CITY-ST-ZIP <b>INTERLACHEN FL 32148</b>		CITY-ST-ZIP <b>Interlachen, FL 32148</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ENSOR, GAIL G</b>		NAME	
STREET ADDRESS <b>118 MILLER SQUARE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INTERLACHEN FL 32148</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Gail G Ensor* **GAIL G ENSOR Vice President/Secretary/Director** DATE: **1/18/2000** DAYTIME PHONE #: **904-329-1150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)