

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90067 015 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000013884			
1. Entity Name ENSOR CONSTRUCTION, INC.			
Principal Place of Business 118 MILLER SQUARE INTERLACHEN FL 32148		Mailing Address P O BOX 1252 INTERLACHEN FL 32148	
2. Principal Place of Business		3. Mailing Address P.O. Box 2295	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Interlachen, FL	
Zip	Country	Zip 32148-2295	Country Putnam
6. Name and Address of Current Registered Agent ENSOR, JOSEPH E III 118 MILLER SQUARE INTERLACHEN FL 32148		4. FEI Number 59-3558533 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD ENSOR, JOSEPH E 118 MILLER SQUARE INTERLACHEN FL 32148 <input checked="" 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	VSD ENSOR, GAIL G 118 MILLER SQUARE INTERLACHEN FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Gail G. ENSOR, VP/Secretary</u>		Date: <u>1/4/2001</u> (904) 684-4004	

CR2E034 (10/00)