

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

0075308 AV

04-30-2003 90035 032 ***150.00

DOCUMENT # P99000015805



1. Entity Name
E N S BUILDING SERVICES, INC.

Principal Place of Business
**1368 CHAPARRAL LANE
WINTER SPRINGS FL 32708**

Mailing Address
**1368 CHAPARRAL LANE
WINTER SPRINGS FL 32708**

11026519



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3559310**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**SOLANO, ESTABAN
1368 CHAPARRAL LANE
ORLANDO FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P	<input type="checkbox"/> Delete
NAME	SOLANO, ESTEBAN	
STREET ADDRESS	1368 CHAPARRAL LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLANO, PAOLA	
STREET ADDRESS	1368 CHAPARRAL LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLANO, NORA	
STREET ADDRESS	1368 CHAPARRAL LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 407-9487978
Date Daytime Phone #

CR2E034 (10/02)