

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90026 029 \*\*\*150.00

**DOCUMENT # P99000041195**

1. Entity Name

Thomas H. Enneking, Inc.

Principal Place of Business

5865 Calais Blvd N. #4  
 St. Petersburg FL  
 33714-1506

Mailing Address

5865 Calais Blvd N. #4  
 St. Petersburg FL  
 33714-1506

2. Principal Place of Business

5865 Calais Blvd N. #4  
 Suite, Apt. #, etc  
 4

3. Mailing Address

P.O. Box 55426  
 Suite, Apt. #, etc

City & State

St. Petersburg Florida

City & State

St. Petersburg Florida

Zip

33714

Country

U.S.A.

Zip

33732

Country

USA

4. FEI Number

59-3573078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Tom Enneking  
 P.O. Box 55426  
 St. Petersburg FL 33732

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

*Tom Enneking*

4-30-2001

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete  
 NAME **Thomas H. Enneking**  
 STREET ADDRESS **5865 Calais Blvd N. #4**  
 CITY-ST-ZIP **St. Petersburg Florida 33714-1506**

TITLE **Vice President** ☐ Delete  
 NAME **Kay I. Enneking**  
 STREET ADDRESS **5865 Calais Blvd N. #4**  
 CITY-ST-ZIP **St. Petersburg Florida 33714-1506**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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:

*Thomas H. Enneking*

THOMAS H. ENNEKING 5-1-2001

727-522-4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (11/00)