

2000 UNIFORM BUSINESS REPORT (UBR)

5/24/01

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-24-2000 90177 004 ***150.00

DOCUMENT # P99000047271

1. Entity Name

ENTERPRISE RESOURCE PLANNING, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

605 BELVEDERE RD

605 BELVEDERE RD

Suite, Apt., #, etc.

Suite, Apt., #, etc.

SUITE 1B

SUITE 1B

City & State

City & State

W. PALM BEACH, FL

W. PALM BEACH, FL

Zip

Zip

33405

Country

33405

Country

USA

4. FEI Number

65-0929392

Applied For

Not Applicable

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

Name

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

City

Robert A. Currie

1441 BEAUBAYNE RD

W. PALM BEACH

FL

Zip Code

33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Robert A. Currie Robert A. Currie 4/29/00 (561) 655-6160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)