

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-06-2000 90488 003 ***150.00

DOCUMENT # P99000053438

1. Entity Name

ENTERPRISE COMMERCE SOLUTIONS, INC.

Principal Place of Business
 5200 S. Quebec Street
 Denver, CO 80111

Mailing Address

2. Principal Place of Business
 P. O. Box 551260

3. Mailing Address
 P. O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number
 58-2479296

Applied For
 Not Applicable

Zip Country
 32255

Zip Country
 32255

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Florida Incorporators, Inc.
 -1221 Brickell Avenue, Suite-900
 Miami, FL 33131

7. Name and Address of New Registered Agent

Name Michael N. Schneider

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

5150 Belfort Road

Building 100

City Jacksonville

FL

Zip Code 32256

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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
 D Larsen, Jeffrey
 STREET ADDRESS 5200 S. Quebec Street
 CITY-ST-ZIP Denver, CO 80111

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
 V Parry, Jason
 STREET ADDRESS One Independent Drive #2205
 CITY-ST-ZIP Jacksonville, FL 32202

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Parry

28 April 2000 (904) 353-3442

Date

Daytime Phone