2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90167 039 ***150.00

DOCUMENT # P99000067402

1. Entity Name
ENTREPRISE MIll WORK AND TRIM 2000 INC

Principal Place of Business: Entryprise millwork and trim 2000 INC. 3118 LUAN CT PALM HARBOR FL 34683

Mailing Address: 3118 LUAN CT PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3118 LUAN Ct.	3118 LUAN Ct
Suite, Apt. #, etc.: PALM HARBOR	Suite, Apt. #, etc.: Palm Harbor
City & State: PALM HARBOR Florida	City & State: DUNEDIN FLORIDA
Zip: FL 34688 Country: FLORIDA, USA	Zip: 34698 Country: FL

4. FEI Number: 59358 7606 ☐ 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
JACK SCHAUB	Name
5580 PARK BLVD #5	Street Address (P.O. Box Number is Not Acceptable)
PINELLAS PARK FL 33781	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 ______________________________
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAMILLE Leboeuf, 3118 LUANE CT, PALM HARBOR. FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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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: Camille Leboeuf   04/09/01   727-463-3610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #