

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91565 007 \*\*\*150.00

DOCUMENT # P99000083790

1. Entity Name

ENTERPRISE ADVISORY SERVICES INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7040 W PALMETTO PARK RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4-255

City & State

BOCA RATON FL

City & State

Zip

Country

33433

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-053-3157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM L PLATTER

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

7040 W PALMETTO PARK RD #4-255

City

BOCA-RATON

FL

Zip Code

33433

**DO NOT WRITE  
IN THIS SPACE**

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.

WILLIAM L. PLATTER

(NOTE: Registered Agent signature required when reinstating)

DATE

X 7/12/02

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

☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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 STREET ADDRESS CITY - ST - ZIP	PRESIDENT/DIRECTOR WILLIAM PLATTER 6668 CANARY PALM CIRCLE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/DIRECTOR DENISE PLATTER 6668 CANARY PALM CIRCLE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. PLATTER

Date

Daytime Phone #

X 7/12/02 561-302-1701

CR2E034B (12/01)