

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089461

1. Entity Name

ENETART.COM, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90038 036 ***550.00

Principal Place of Business

12341 APPLE LEAF DR.
 JACKSONVILLE FL 32224

Mailing Address

12341 APPLE LEAF DR.
 JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EFL Number

59-3638350

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

SAFER, ELIOT J
 4925 BEACH BLVD.
 JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 SIMON, JUDY M
 12341 APPLE LEAF DR.
 JACKSONVILLE FL 32224

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 SIMON, DENNIS R
 12341 APPLE LEAF DR.
 JACKSONVILLE FL 32224

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/00

904-998-4423

CR2E034 (5/00)

Attachment
000843/6

ADVANCED ACCOUNTING & MANAGEMENT SERVICES, INC.

3-Aug-00

6462 Lake Worth Rd
Lake Worth, FL 33463

DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

FEI NUMBER 65-0795486
DOCUMENT # P97000096295

To whom it may concern:

I received by mail the second notice for the 2000 uniform business report. I never received by mail the first notice, which I always get it by the beginning of every year. I do not understand it, because is the same address for the last three years. Attached copy of my form and my check # 2586 for \$150. I dispute the fee charge to my account. For more information please call 561-641-8985.

Sincerely,



Ana Ferrer
Owner of Advanced Accounting & Management Services