

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000089461**1. Entity Name  
ENETART.COM, INC.**Principal Place of Business**

12341 APPLE LEAF DR.

JACKSONVILLE

32224

FL

**Mailing Address**

12341 APPLE LEAF DR.

JACKSONVILLE

32224

FL

**2. Principal Place of Business**

1358 BLUE EAGLE WAY EAST

**3. Mailing Address**

1358 BLUE EAGLE WAY EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

JACKSONVILLE

FL

**City & State**

JACKSONVILLE

FL

Zip

32225

Country

Zip

32225

Country

**4. FEI 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**SAFER ELIOT J  
4925 BEACH BLVD.

JACKSONVILLE

32207

FL

US

**7. Name and Address of New Registered Agent**

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)

**04/24/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON DENNIS R	
STREET ADDRESS	12341 APPLE LEAF DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON JUDY M	
STREET ADDRESS	12341 APPLE LEAF DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON DENNIS R	
STREET ADDRESS	1358 BLUE EAGLE WAY EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON JUDY M	
STREET ADDRESS	1358 BLUE EAGLE WAY EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Dennis Simon

pres

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)