

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092275

1. Entity Name

ENCORE ENTERPRISES, INC.

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

04-07-2000 90081 020 ***150.00

Principal Place of Business

435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

Mailing Address

435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114-4927

2. Principal Place of Business

4621 N.E. 7th AVE

3. Mailing Address

4621 N.E. 7th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3404520

Applied For

Not Applicable

Zip

34479

Country

Zip

34479

Country

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

BELUS, ALLEN
 435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

Name JOSEPH R. MCKINNEY

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

4601 N.E. 7th AVE

City OCALA

FL

Zip Code 34479

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

Joseph R. McKinney

JAN 11, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Delete
NAME	JOSEPH R. MCKINNEY	
STREET ADDRESS	4601 N.E. 7th AVE	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	VICE PRESIDENT/SECRETARY/DIRECTOR	<input type="checkbox"/> Delete
NAME	PATRICIA C. MCKINNEY	
STREET ADDRESS	4621 N.E. 7th AVE	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	SHIRLEY A. MCKINNEY	
STREET ADDRESS	4601 N.E. 7th AVE	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DERWARD J. MCKINNEY	
STREET ADDRESS	4621 N.E. 7th AVE	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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:

Joseph R. McKinney

JOSEPH R. MCKINNEY

(352) 620-2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)