

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90068 043 ***150.00

DOCUMENT # P99000106542

1. Entity Name
ENCON 2000, INC.

Principal Place of Business
407 WEKIVA SPRINGS RD., STE 219
LONGWOOD FL 32779-6096

Mailing Address
407 WEKIVA SPRINGS RD., STE 219
LONGWOOD FL 32779-6096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
407 WEKIVA SPRINGS RD

Suite, Apt. #, etc.
219

City & State
LONGWOOD FL

Zip Country
32779-6096 USA

3. Mailing Address
407 WEKIVA SPRINGS RD

Suite, Apt. #, etc.
219

City & State
LONGWOOD FL

Zip Country
32779-6096 USA

4. FEI Number
59-3610923

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PORTER, DANIEL F
900 FOX VALLEY DRIVE SUITE 200
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
DANIEL F. PORTER
 Street Address (P.O. Box Number is Not Acceptable)
407 WEKIVA SPRINGS RD, SUITE 219
 City
LONGWOOD FL Zip Code
32779-6096

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)

12 MAR 02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, DANIEL F 1722 PALM BEACH DRIVE APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DANIEL F. PORTER 1722 PALM BEACH DR APOPKA, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 MAR 02 **907.869.6749**

Date Daytime Phone #

CR2E034 (9/01)