

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107842

1. Entity Name

THE ENTERPRISE CHARTERED, INC.

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90489 038 ***150.00

Principal Place of Business

2 MARINA PLAZA
SARASOTA FL 34240

wrong
zip code

Mailing Address

2 MARINA PLAZA
SARASOTA FL 34240

wrong
zip
code

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34236

Country

Zip
34236

Country

4. FEI Number 65-0967098

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

HARDEN, JUSTIN J

2 MARINA PLAZA

SARASOTA FL 34240

34236

Name

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

City

FL

Zip Code

34236

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARDEN, KIRK B
7 PALM HARBOR DRIVE
HOLMES BEACH FL 34217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARDEN, JUSTIN J
2 MARINA PLAZA
SARASOTA FL 34240 ☐ Delete
wrong zip
code
34236

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ 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

3/5/01

Date

941 951 1833

Daytime Phone #

CR2E034 (10/00)