

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90835 017 ***158.75

DOCUMENT # J48786

1. Entity Name
301 ASSOCIATES, INC.

Principal Place of Business: **P O BOX 9818 RIVIERA BEACH FL 33419**
 Mailing Address: **P O BOX 9818 RIVIERA BEACH FL 33419**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1481 KINETIC ROAD**
 Suite, Apt. #, etc.

3. Mailing Address: **POST OFFICE BOX 12185**
 Suite, Apt. #, etc.

City & State: **LAKE PARK, FLORIDA**

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Zip: **33403** Country: **USA**

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4. FEI Number: **65-0071636**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

EAKINS, DOUGLAS S
300 W TENTH ST
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **1481 KINETIC ROAD**

City: **LAKE PARK, FL** Zip Code: **33403**

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.

301 ASSOCIATES, INC.
 SIGNATURE BY: *[Signature]* **PRESIDENT** DATE: **4/21/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	DP	<input type="checkbox"/> Delete
NAME	EAKINS, DOUGLAS S.	
STREET ADDRESS	300 W. 10TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EAKINS, SANDI F.	
STREET ADDRESS	300 W 10TH ST.	
CITY-ST-ZIP	RIVIERA BCH. FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS S. EAKINS	
STREET ADDRESS	1481 KINETIC ROAD	
CITY-ST-ZIP	LAKE PARK, FLORIDA 33403	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDI F. EAKINS	
STREET ADDRESS	1481 KINETIC ROAD	
CITY-ST-ZIP	LAKE PARK, FLORIDA 33403	
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.

301 ASSOCIATES, INC.
 SIGNATURE: BY: *[Signature]* **PRESIDENT** DATE: **4/21/01** (561) 842-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)