

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 047 ***150.00

DOCUMENT #, M59591

1. Entity Name
E & B ASSOCIATES INC.

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| Principal Place of Business BRYSON INSURANCE AGENCY 1960 VELASCO STREET FT. MYERS FL 33916 US | Mailing Address 1960 VELASCO ST UNIT #J3 FT MYERS FL 33916 |
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|--|---|
| 2. Principal Place of Business 1960 Velasco St | 3. Mailing Address SAME AS STATED |
| Suite, Apt. #, etc. J3 | Suite, Apt. #, etc. |
| City & State Ft. Myers FL | City & State |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0012251 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BEVERLY BRYSON 1960 VELASCO STREET J3 FORT MYERS FL 33916 | 7. Name and Address of New Registered Agent Name: Beverly Bryson Street Address (P.O. Box Number is Not Acceptable): 706 Edison Ave City: Lehigh Zip Code: 33936 |
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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: *B Bryson* **B. Bryson**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$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 | PD BRYSON, BEVERLY E. 706 EDISON AVE LEHIGH FL 33936 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BRYSON, EMMIT JR. 706 EDISON AVE LEHIGH FL 33936 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *B Bryson* **B Bryson** **3/29/01** **337-7115**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)