

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90116 048 ***550.00

DOCUMENT # P01000082402

1. Entity Name
 E.E. VENTURES, INC.

Principal Place of Business
 94 E MITCHELL HAMMOCK RD
 OVIEDO FL 32765

Mailing Address
 94 E MITCHELL HAMMOCK RD
 OVIEDO FL 32765

2. Principal Place of Business
 3251 Progress Dr
 Suite, Apt. #, etc.
 Suite B

3. Mailing Address
 3251 Progress Dr
 Suite, Apt. #, etc.
 Suite B

City & State
 Orlando FL
Zip
 32826 **Country**
 USA

City & State
 Orlando FL
Zip
 32826 **Country**
 USA

4. FEI Number
 59-3746290

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS MCKAIGE, GEORGE
 94 E MITCHELL HAMMOCK RD
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name George Thomas McKaige III
Street Address (P.O. Box Number is Not Acceptable)
 (only a change of address)
 11148 Point Sylvan Cir Apt H
City Orlando **FL** **Zip Code** 32825

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE George Thomas McKaige III (George Thomas McKaige III) 08/22/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D THOMAS MCKAIGE, GEORGE 94 E MITCHELL HAMMOCK RD OVIEDO FL 32765 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition George Thomas McKaige III 11148 Point Sylvan Cir Apt H Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Change ☒ Addition Christina R Caruso 11148 Point Sylvan Cir Apt H Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition James L Ash 177 Kimball Hill Road Whitefield, NH 03598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: George Thomas McKaige III (George Thomas McKaige III) 08/22/02 (407) 737 7887
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)