2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 10, 2003 8:00 am
Secretary of State

01-15-2003 90168 041 ***150.00

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DOCUMENT # P02000045663

1. Entity Name
ELECTROBANDWAGON, INC.

Principal Place of Business	Mailing Address
516 CAMDEN AVENUE STUART FL 34994	516 CAMDEN AVENUE STUART FL 34994

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3882 SW Coquina Cove		P.O. Box 2060	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc.	
City & State Palm City, FLA		City & State Palm City, FLA	
Zip 34990	Country U.S.A	Zip 34990	Country U.S.A.

4. FEI Number 01-0700072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM D JR.
516 CAMDEN AVENUE
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WILLIAM D JR. 516 CAMDEN AVENUE STUART FL 34994 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Josh Weaver 3882 SW Coquina Cove Way Ft. Pierce, FLA, 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Josh Weaver 1-11-03 772-320-8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #