

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057856

1. Entity Name

EWING ASSET MANAGEMENT, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90049 049 ***150.00

Principal Place of Business

Mailing Address

100 NORTH TAMPA STREET
 SUITE 2175
 TAMPA FL 33602

100 NORTH TAMPA STREET
 SUITE 2175
 TAMPA FL 33602-5858

2. Principal Place of Business

50 N. Laura Street

3. Mailing Address

50 N. Laura Street

Suite, Apt. #, etc.

Suite 3625

Suite, Apt. #, etc.

Suite 3625

City & State

Jacksonville

City & State

Jacksonville

4. FEI Number

59-3334578

Applied For

Not Applicable

Zip

FL 32202

Country

USA 32202

Zip

FL 32202

Country

USA 32202

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

BSHIOP, JR B C
50 N LAURA ST
STE 3625
JAX FL 32202

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.

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, 2000 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 **CDP** Delete
 NAME **BISHOP, BENJAMIN C JR**
 STREET ADDRESS **50 N LAURA ST. STE 3625**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPST** Delete
 NAME **JONES, JANICE B**
 STREET ADDRESS **100 N TAMPA STREET, #2100**
 CITY-ST-ZIP **TAMPA FL.**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **AS Shaaron Anderson**
 STREET ADDRESS **50 N. Laura St, Ste 3625**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Treasurer Michael J. Wallace**
 STREET ADDRESS **50 N. Laura St, Ste 3625**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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.

SIGNATURE: *X Michael J. Wallace* **Treasurer** *3/31/00* **(904) 354-5573**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)