

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000057856

1. Entity Name
 EWING ASSET MANAGEMENT, INC.

Principal Place of Business 50 N LAURA STREET STE 3625 JACKSONVILLE FL 33602	Mailing Address 50 N LAURA STREET STE 3625 JACKSONVILLE FL 33602
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 2917 Suite, Apt. #, etc.
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City & State PONTE VEDRA BEACH FL	4. FEI Number 59-3334578
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Zip 32004	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BSHOP JR BC
 50 N LAURA ST
 STE 3625
 JAX FL 32202 US

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.

SIGNATURE _____ DATE **03/22/2001**

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. (See criteria on back)

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	
T WALLACE MICHAEL J 50 N LAURA ST STE 3625 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
AS ANDERSON SHARON 50 N LAURA ST STE 3625 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
CDP BISHOP BENJAMIN CJR 50 N LAURA ST. STE 3625 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T WALLACE MICHAEL J 3652 SOUTH THIRD STREET, SUITE 200 JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: MICHAEL J WALLACE T **03/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)