

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038133

1. Entity Name

EBEL, INC.

ADDRESS CHANGE

Principal Place of Business

Mailing Address

3380 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

3380 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207-4312

ADDRESS CHANGE!

2. Principal Place of Business

8270 Arlington Exprwy

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

same

Zip

32211

Country

Zip

Country

4. FEI Number

59-3513797

Applied For

Not Applicable

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

EBEL, ANNE G
3380 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

ADDRESS CHANGE

7036 Ramoth Dr.
Jacksonv., FL 32226

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 ☐ Delete
NAME D
STREET ADDRESS EBEL, ANNE G
CITY-ST-ZIP 3380 PHILLIPS HIGHWAY 7036 Ramoth Dr.
JACKSONVILLE FL 32207 Jacksonv., FL 32226

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS EBEL, KLAUS H
CITY-ST-ZIP 3380 PHILIPS HWY 7036 Ramoth Dr.
JACKSONVILLE FL 32207 Jacksonv., FL 32226

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Klaus H. Ebel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 904-393-2777
Date Daytime Phone #