

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90087 047 ***150.00

DOCUMENT # S55384

1. Entity Name
EBANKS AUTO SERVICE, INC.

Principal Place of Business Mailing Address
 5647 Hollywood Blvd. 4315 Polk Street
 Hollywood, FL 33021 Hollywood, FL 33021

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0272577** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ebanks, Lambrini
 4315 Polk Street
 Hollywood, FL 33021

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	Ebanks, Edward R., Sr.	
STREET ADDRESS	4315 Polk Street	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	DST	<input type="checkbox"/> Delete
NAME	Ebanks, Lambrini	
STREET ADDRESS	4315 Polk Street	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Ebanks, Edward, Jr.	
STREET ADDRESS	18911 NW 19 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Opitz, Martha J.	
STREET ADDRESS	4015 Fillmore Street	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 IRE empowered.

SIGNATURE: **LAMBRINI EBANKS** *Lambrini Ebanks* 3/31/2000 (954) 983-3128
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #