2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} **DOCUMENT # 136557** Jul 07, 2000 8:00 am 1. Entity Name **Secretary of State** EELBECK INVESTMENTS, INC. 07-07-2000 90402 050 ***150.00 Principal Place of Business Mailing Address ₩ BEAVER ST **BOX 40-ORTEGA STATION** INCRECIMINITE PL 32210 JACKSONVILLE FLA 32210-0040 2. Principal Place of Business 3. Mailing Address ABOVE ABOUG DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FÉi Number 59-0231330 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEHAFFEY, HUBERT G Street Address (P.O. Box Number is Not Acceptable) **BOX 40-ORTEGA STATION** JACKSONVILLE FL 32210-0040 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SD Change ☐ Addition TITLE Delete TITLE MEHAFFEY, IDALEE B NAME NAME 909 ARTHUR MOORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF GREEN COVE SPGS. FL ☐ Delete TITLE Change Addition SHIELDS, LENORA M NAME 1504 NW 65TH AVE STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP PDT Addition Addition TITLE -☐: Delete MEHAFFEY, HUBERT G 5400 WATER BAK AN APT. 102 TACKSONVILLE, FL 32210 NAME 909 ARTHUR MOORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREEN COVE SPGS. FL CITY-ST-ZIP ___ Addition ☐ Delete MEHAFFEY, H. G., JR. NAME NAME 3448 N. STATE RD 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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.

6-15-VR 904-781-7525

Aug, La 32210-0040 But 40- Ortega d 40.73 or 1300 Jaleharace, FR. 32302

SUBJECT: 482 - 136557

Enclosed is check of 21 312 - This is late because Than her moving and to MESSAGE 6-26-71

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- 18410 ald Way this entire would y o pay salested time is as payment am a une man operation pending me- Edanh appreciate you accept

SIGNED

RECIPIENT: RETAIN WHITE COPY, REPLY ON PINK COPY LETTER-LIMINATOR