

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90009 048 ***150.00

0456000

DOCUMENT # 136557

1. Entity Name
EELBECK INVESTMENTS, INC.

Principal Place of Business
5148 W BEAVER ST
JACKSONVILLE FL 32210
US

Mailing Address
BOX 40-ORTEGA STATION
JACKSONVILLE FL 32210-0040
US

601252



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>ABOVE</i>		3. Mailing Address <i>ABOVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0231330	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEHAFFEY, HUBERT G
BOX 40-ORTEGA STATION
JACKSONVILLE FL 32210-0040

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 _____
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MEHAFFEY, IDALEE B	
STREET ADDRESS	909 ARTHUR MOORE DR.	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIELDS, LENORA M	
STREET ADDRESS	1504 NW 65TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	MEHAFFEY, HUBERT G	
STREET ADDRESS	5400 WATER OAK LN APT 102	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEHAFFEY, H. G., JR.	
STREET ADDRESS	3448 N. STATE RD 13	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5400 WATER OAK LN. APT 102	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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		
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 like empowered.

SIGNATURE: **H.G. MEHAFFEY, SR**
H.G. MehaFFEY, Sr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-9-2001** Daytime Phone #: **904-781-7525**

CP2E034 (10/00)