

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90013 030 \*\*\*150.00

**DOCUMENT # 136557**

1. Entity Name  
**EELBECK INVESTMENTS, INC.**

Principal Place of Business      Mailing Address  
**5148 W BEAVER ST**      **BOX 40-ORTEGA STATION**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210-0040**  
**US**      **US**

000121



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MEHAFFEY, HUBERT G</b> <b>BOX 40-ORTEGA STATION</b> <b>JACKSONVILLE FL 32210-0040</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>SD</b>	<input type="checkbox"/> Delete <b>MEHAFFEY, IDALEE B</b> <b>5400 WATEROAK LN APT 102</b> <b>JACKSONVILLE FL 32210</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>SHIELDS, LENORA M</b> <b>1504 NW 65TH AVE</b> <b>MARGATE FL 33063</b>	TITLE <b>VICE-PRES - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PDT</b>	<input type="checkbox"/> Delete <b>MEHAFFEY, HUBERT G</b> <b>5400 WATER OAK LN APT 102</b> <b>JACKSONVILLE FL 32210</b>	TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<input type="checkbox"/> Delete <b>MEHAFFEY, H. G., JR.</b> <b>3448 N. STATE RD 13</b> <b>JACKSONVILLE FL 32259</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: *H.G. MehaFFEY, SR*      **H.G. MEHAFFEY, SR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **PRES.**  
 Date: 1-7-2002      Daytime Phone #: 904-781-7525

CR2E034 (9/01)