## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # 305356 1. Entity Name 04-09-2002 90070 028 \*\*\*150.00 EBERSOLE ENTERPRISES, INC. Mailing Address Principal Place of Business 2516 PETERSON ROAD 2516 PETERSON ROAD APOPKA FL 32703 APOPKA FL 32703 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1144406 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EBERSOLE, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 1702 FINLEY AVENUE APOPKA FL 32703 4 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. SIGNATURE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (10/6) ☐ Addition ☐ Change ☐ Delete TITLE TITLE EBERSOLE, CHARLES W. NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 1702 FINLEY AVENUE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE EBERSOLE, LORI Y. NAME NAME STREET ADDRESS STREET ADDRESS 1702 FINLEY AVENUE CITY-ST-ZIP CITY-ST-ZIF APOPKA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

407886-1741

Y. Ebersole