

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90042 049 ****61.25

DOCUMENT # 730185

1. Entity Name

ETA PI HOUSE, INC.

Principal Place of Business

PO BOX 1171
 ORLANDO FL 32802
 US

Mailing Address

4638 S KIRKMAN RD
 ORLANDO FL 32811
 US

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

59-6549155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWARTSEL, VERNON
255 S. ORANGE AVE.
STE 1600
ORLANDO FL 32801

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **FIDELO ALAN B**
 STREET ADDRESS **7912 BRIDGESTONE DR**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **HARTMAN, JOE G**
 STREET ADDRESS **4638 S KIRKMAN RD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LOWTON, DAVID**
 STREET ADDRESS **P.O. BOX 547635**
 CITY-ST-ZIP **ORLANDO FL 32854**

TITLE Change Addition
 NAME **LAWTON**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DIXON, ROBERT**
 STREET ADDRESS **1142 PHEASANT CIR**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RANKIN, JOHN**
 STREET ADDRESS **10 HOASEMAN COVE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME
 STREET ADDRESS **10 Hoaseman Cove**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HASSON, BEDAN**
 STREET ADDRESS **10436 GLASSBOROUGH DR**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 (407) 298-2700

Date Daytime Phone #

CR2E037 (10/00)