

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731470

1. Entity Name

ETERNITY INC.

Principal Place of Business

7704 GRAY MOSS LN
TAMPA FL 33619-4204

Mailing Address

7704 GRAY MOSS LN
TAMPA FL 33619-4204

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

59-1566891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, OLGA O.
7704 GRAY MOSS LN
TAMPA FL 33619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, BOB	
STREET ADDRESS	714 MILLPOND DR	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, W.T.	
STREET ADDRESS	4731 GLENVILLAGE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALESSI, VICKI	
STREET ADDRESS	5 WESTVIEW DR	
CITY-ST-ZIP	ROUND ROCK TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALESSI JR, JOSEPH G.	
STREET ADDRESS	5 WESTVIEW DR	
CITY-ST-ZIP	ROUND ROCK TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, RICK	
STREET ADDRESS	1182 CHAMBOARD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, BENNY R.	
STREET ADDRESS	RT. 1, BOX 19	
CITY-ST-ZIP	BURNET TX	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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] **NOT REQUIRED**

8/26/01

512-244-16600

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90009 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)