

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90452 003 ***150.00

DOCUMENT # F 0000000 2801

1. Entity Name

E HOUSE COMPANY

Principal Place of Business

Mailing Address

P.O. Box 19769

P.O. Box 19769

Jacksonville, FL 32245-9769

Jacksonville, FL 32245-9769

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

59-3647904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: James B. Stallings, Jr.
STREET ADDRESS: 8019 Pebble Creek Lane
CITY-ST-ZIP: Ponte Vedra Beach, FL 32082

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Vice President
NAME: Michael Abney
STREET ADDRESS: 3810 Vickers Lake Drive
CITY-ST-ZIP: Jacksonville, FL 32224

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Secretary/Treasurer
NAME: Scott King
STREET ADDRESS: 4579 Swilcan Bridge Lane North
CITY-ST-ZIP: Jacksonville, FL 32224

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
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NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Stallings, Jr.

Date

3/29/01

Daytime Phone #

904-737-4239

CR2E034 (11/00)