

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90321 031 ***150.00

DOCUMENT # F02000003619

1. Entity Name
**E.B.S. EXCHANGE BUSINESS SERVICES ALL AROUND THE
WORLD, CORP**



Principal Place of Business
**726 S. CASINO CENTER BLVD. #207
LAS VEGAS NV 89101**

Mailing Address
**17462 FRONT BEACH ROAD, BOX 99
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

3. Mailing Address

11208 Hutchison Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Beach

4. FEI Number

02-0567539

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 32407

Bay

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

**DADAMURATOV, DAVRON
17462 FRONT BEACH ROAD, BOX 99
PANAMA CITY BEACH FL 32413**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Davron Dadamuratov

04/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DADAMURATOV, DAVRON**
STREET ADDRESS **17462 FRONT BEACH ROAD, BOX 99**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

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

TITLE **T** ☐ Delete
NAME **CALVANO, MARIA**
STREET ADDRESS **726 S. CASINO CENTER BLVD. #207**
CITY-ST-ZIP **LAS VEGAS NV 89101**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/03 (888) 84-5788

CR2E034 (10/02)