

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77804

1. Entity Name
CEBO, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90030 048 ***150.00

0001870

Principal Place of Business C/O RICHARD G HATHAWAY ESQ 542 KINGSLEY AVE ORANGE PARK FL 32073	Mailing Address C/O RICHARD G HATHAWAY ESQ 542 KINGSLEY AVE ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 518 KINGSLEY AVE Suite, Apt. #, etc.	3. Mailing Address 518 KINGSLEY AVE Suite, Apt. #, etc.
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City & State ORANGE PARK, FL	City & State ORANGE PARK, FL	4. FEI Number 59-2207005	Applied For Not Applicable
Zip 32073	Country FLA	Zip 32073	Country FLA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HATHAWAY, RICHARD G., ESQUIRE 100 LAURA ST., 9TH FL., BARNETT BANK BLDG. JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LONG, RUTH M. 2440 CYPRESS SPRINGS DR. ORANGE PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LONG, CECIL E 2440 CYPRESS SPRINGS DR ORANGE PARK, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cecil E. Long - CECIL E. LONG 2/24/01 904/264-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)