

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90172 006 \*\*\*150.00

**DOCUMENT # F94000006340**

1. Entity Name

**EAF ASSOCIATES, INC.**

Principal Place of Business

**15148 ANCHORAGE WAY  
 FT. MYERS FL 33908-1811**

Mailing Address

**15148 ANCHORAGE WAY  
 FT. MYERS FL 33908-1811**

713995

2. Principal Place of Business

**15751 White Island DR**

3. Mailing Address

**15751 White Island DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Ft Myers, FL**

City & State

**Ft. Myers, FL**

4. FEI Number

**36-3173014**

Applied For

Not Applicable

Zip

**33908**

Country

**Lee**

Zip

**33908**

Country

**33908**

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

**FORTE, EARL A**

**15148 ANCHORAGE WAY 15751 White Island DR.  
 FT. MYERS FL 33908-1811.**

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]*

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 **PTD** ☐ Delete  
 NAME **FORTE, EARL A**  
 STREET ADDRESS **15148 ANCHORAGE WAY**  
 CITY-ST-ZIP **FT. MYERS FL 33908-1811**

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

TITLE **S** ☐ Delete  
 NAME **FORTE, JUDITH ANN**  
 STREET ADDRESS **15148 ANCHORAGE WAY**  
 CITY-ST-ZIP **FT. MYERS FL 33908-1811**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-8-01 941/433-0847**

Daytime Phone #

CR2E034 (10/00)