FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am Secretary of State F94000006340 DOCUMENT # 1. Entity Name EAF ASSOCIATES, INC. 02-06-2002 90027 019 ***150.00 Principal Place of Business Mailing Address 15751 WAITE ISLAND DR. 15751 WAITE ISLAND DR. FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 36-3173014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORTE, EARL A Street Address (P.O. Box Number is Not Acceptable) 15751 WAITE ISLAND DR. FT. MYERS FL 33908-1811 City Zip Code FL 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition FORTE, EARL A 15731 WAIR ISTAND DR NAME 45148 ANCHORAGE WAY STREET ADDRESS STREET ADDRESS FT. MYERS FL 33908-1811 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FORTE, JUDITH ANN 15751 Waite NAME LS(ANJ))R NAME 15148 ANCHORAGE WAY STREET ADDRESS STREET ADDRESS 1 CITY-ST-ZIP FT. MYERS FL 33908-1811 CITY-ST-ZIP TITI F ☐ Delete . TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if