

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**  
 04-07-2000 90070 049 \*\*\*150.00

**DOCUMENT # F98000000104**

1. Entity Name  
**E. I. ACQUISITION CORP.**

Principal Place of Business <b>2950 COUNTRY ROAD 561                  TAVARES FL 32778</b>	Mailing Address <b>2950 COUNTRY ROAD 561                  TAVARES FL 32778</b>
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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 **52-2070869**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARRINGTON, JERRY</b>	
STREET ADDRESS	<b>6501 ERDMAN AVENUE</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21201</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GIBBONS, WILLIAM P</b>	
STREET ADDRESS	<b>1525 LEADER BUILDING</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44114-1444</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SELF, STEVEN</b>	
STREET ADDRESS	<b>2950 COUNTRY ROAD 561</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>FENNESSEY, JOHN J</b>	
STREET ADDRESS	<b>1890 SOUTH 14TH STREET SUITE 201</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32034</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JUNG, JAMES D</b>	
STREET ADDRESS	<b>222 EAST BROAD STREET</b>	
CITY-ST-ZIP	<b>GRANVILLE OH 43023</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>Jose Torres</b>	
STREET ADDRESS	<b>2950 County Road 561</b>	
CITY-ST-ZIP	<b>Tavares, Florida 32778</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C / T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: **Jeremiah J. Harrington** **3/31/00** **800-866-9486**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)