

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006524

1. Entity Name
E.IO, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90053 027 ***150.00

Principal Place of Business
8889 PELICAN BAY BLVD., SUITE 400
NAPLES FL 34108

Mailing Address
8889 PELICAN BAY BLVD., SUITE 400
NAPLES FL 34108

00021774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4933 TAMiami TRAIL NO.
Suite, Apt. #, etc. # 202

3. Mailing Address
4933 TAMiami TRAIL NO.
Suite, Apt. #, etc. # 202

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number 59-3565659
Applied For
Not Applicable

Zip Country
34103 COLLIER

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34103 COLLIER

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name ~~STERLING R. FOSTER~~
Street Address (P.O. Box Number is Not Acceptable) ~~4933 TAMiami TRAIL NO. #202~~
City ~~NAPLES~~ FL Zip Code ~~34108~~

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 ~~STERLING R. FOSTER~~
(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARWATER, MICHAEL L 711 KETCH DRIVE NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOSTER, STEPHEN R 711 KETCH DRIVE NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D L. CHRISTOPHER BENSON 2320 Mont Claire Dr. #201 Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MARK TEINERT 8550 MEADOWBROOK DR. FT. WORTH TX 76120	<input type="checkbox"/> Change <input checked="" 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: ~~STEPHEN R. FOSTER~~ 1/8/01 941-261-7901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)