2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90007 025 ***150.00

DOCUMENT # G04528

1. Entity Name
E, E & K, INC.

Principal Place of Business	Mailing Address
1320 HWY 92 WEST	1320 HWY 92 WEST
~~1920 HWY 92ND W~~	~~1320 HWY 92ND W~~
WINTER HAVEN FL 33881	WINTER HAVEN FL 33881
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1320 Hwy 92 West	1320 Hwy 92 west
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven Fl.	City & State: Winter Haven Fl.
Zip: 33881 / Country: Polk	Zip: 33881 / Country: Polk

4. FEI Number 59-2228000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OVERBAY, ELBERT H.
250-21ST ST, SW
WINTER HAVEN FL 33880

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 ____________________
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

TITLE	V	☐ Delete
NAME	OVERBAY JR, ELBERT H	
STREET ADDRESS	250 21ST ST S W	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	DP	☐ Delete
NAME	OVERBAY, ELBERT H	
STREET ADDRESS	250 21ST ST S W	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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: Elbt H Ovy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #