

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J02097

1. Entity Name
EIP HOLDING CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90049 029 ***150.00

Principal Place of Business
419 KEY EXECUTIVE BLVD
104 CRANDON BLVD
KEY BISCAYNE FL 33149

Mailing Address
419 KEY EXECUTIVE BLVD
104 CRANDON BLVD
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **13-3335623**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPENCER, S.A.
251 CRANDON BLVD TH164
KEY BISCAYNE FL 33149

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. (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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SPENCER, S.A.			NAME			
STREET ADDRESS	251 CRANDON BLVD #164			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DONAGHY, JAMES W.			NAME			
STREET ADDRESS	7 RIDGEWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	BRIDGEWATER CT 06752			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEISCHNER, STEVEN			NAME			
STREET ADDRESS	1979 DOGWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	SCOTCH PLAINS AJ 07076			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SPENCER, MARY M			NAME			
STREET ADDRESS	251 CRANDON BLVD, #164			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Steven Leischner Secretary
4-24-01 305-361-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0186782