2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

J02097 DOCUMENT

1. Entity Name

EIP HOLDING CORP.



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

. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90048 008 ***150.00



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. ! am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE Delete TITLE SPENCER, S.A. NAME NAME 251 CRANDON BLVD #164 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition DONAGHY, JAMES W. NAME STREET ADDRESS STREET ADDRESS 7 RIDGEWOOD DR CITY-ST-ZIP **BRIDGEWATER CT 06752** CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE LEISCHNER, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 1979 DOGWOOD DR CITY-ST-ZIP SCOTCH PLAINS AJ 07076 CITY-ST-ZIP **VD** ☐ Delete TITI F ☐ Change ☐ Addition TITLE SPENCER, MARY M NAME NAME 251 CRANDON BLVD, #164 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

12. 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

SIGNATURE:

CR2E034 (10/02)