

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000004411

1. Entity Name
EWART FINANCING ENTERPRISES, LLC.

00 JUN 12 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1409 NORTH FT. HARRISON UNIT F 1409 NORTH FT. HARRISON UNIT F
CLEARWATER FL 33755 CLEARWATER FL 33755-2421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1409 N. Ft Harrison Suite, Apt. #, etc.
Unit H Unit H

City & State City & State 4. Fee Number Applied For
Clearwater FL 57-3549956 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional
33755 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
WEBER, MICHAEL R Name
3701 50TH AVE SOUTH 1409 N. Ft Harrison
ST PETERSBURG FL 33711 Unit H
Clearwater FL 33755 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWLAND, MICHAEL 1409 NORTH FT HARRISON, UNIT F Unit H CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, MICHAEL R 1409 NORTH FT HARRISON, UNIT F Unit H CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003296620--2 -06/20/00--01032--018 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL R. HOWLAND 4-27-00 727-409-7415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #