

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001644

1. Entity Name

E.E.H.O. ASS'N, INC.

**FILED**  
May 29, 2002 8:00 am  
Secretary of State

04-18-2002 90404 025 \*\*\*\*61.25

Principal Place of Business 12130 US HWY. 41. S. LOT 38 GIBSONTON FL 33534 US	Mailing Address 12130 US HWY. 41. S. LOT 62 GIBSONTON FL 33534 US
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2. Principal Place of Business 12130 US HWY 41 S.	3. Mailing Address
Suite, Apt. #, etc. LOT # 102	Suite, Apt. #, etc.
City & State GIBSON FL	City & State
Zip 33534	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0415613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLEEN S COOLEY 12130 US HWY. 41, S. LOT 22 GIBSONTON FL 33534	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOLEY, COLLEEN 12130 US HWY 41 S LOT #22 GIBSONTON FL 33534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHEN, PAUL 12130 US HWY 41 S LOT #158 GIBSONTON FL 33534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB DOZIER, WILLIAM 12130 HIGHWAY 41 SOUTH, LOT #62 GIBSONTON FL 33534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCH, PAT 12130 HIGHWAY 41 SOUTH, LOT #52 GIBSONTON FL 33534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, DONNA 12130 HIGHWAY 41 SOUTH, LOT #148 GIBSONTON FL 33534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen S Cooley 813  
DATE: 4-10-02 DAYTIME PHONE: 634-2224

CR2E037 (9/01)