Mailing Address

TAMPA FL 33602

3. Mailing Address

Suite, Apt. #, etc

st Palm

#203

City & State

zip 33406

3540 Forts+Hill Blud.

Beach FL

井フハス

Country

220 S. FRANKLIN STREET

DOCUMENT # P0000024944

Country

6. Name and Address of Current Registered Agent

1. Entity Name

E.H. PARTNERS, INC.

Principal Place of Business

2. Principal Place of Business

3540 FORSH

GIORDANO, JOHN N 220 S. FRANKLIN STREET **TAMPA FL 33602** 

Suite, Apt. #, etc.

203

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CIFY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

220 S. FRANKLIN STREET

TAMPA FL 33602

☐ Change

Addition

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··· · · · · · · · · · · · · · · ·			Wes	+ Pai	m Beach	FL 339	fole	
8. The above	named entity submits this statement for th	e purpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Florida	L.		
SIGNATURE_	De Local A Dect S gnature, typed or or mod name of registered agent and	PTU (NOTE: 9	egistered Agent signati	istored Agent signature recoired when reinstating)  DATE  ONE  ONE  ONE  ONE  ONE  ONE  ONE  O				
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 Financ Trust Fund Contribution.	ਂ _	.00 May Be ed to Fees		
11.	OFFICERS AND DIF	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WPAI Vice Pa	n Taplin Dalom Beach Laken M Beach Jl 3 Esident	3 <b>4</b> 0 / □ Change		
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CHY+ST-ZIP	Debore 3540 3 W Pa	An A. Dentry Forest Hill Blud # 1 Hm Beach 76	203 33404	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		·- ·,	☐ Chango	e Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLÉ NAME SIRFET ADDRESS			☐ Change	e 🔲 Addition	

CITY-ST-7:P

STREET ADDRESS

STREET ADDRESS

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), Fiorida 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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR