

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90224 026 ***150.00

DOCUMENT # P00000026792

1. Entity Name
EVERYBODY'S BUSINESS ETC., INC.



Principal Place of Business

674 MOSSY BRANCH CT.

LONGWOOD FL 32779

4090 Bermuda Grove Pl.
Longwood, FL 32779

Mailing Address

674 MOSSY BRANCH CT.

LONGWOOD FL 32779

4090 Bermuda Grove Pl.
Longwood FL 32779

2. Principal Place of Business

4090 Bermuda Grove Pl.

3. Mailing Address

4090 Bermuda Grove Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

59-3632989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHTON, JEFFREY A

674 MOSSY BRANCH CT.

LONGWOOD FL 32779

4090 Bermuda Grove Pl.
Longwood FL 32779

7. Name and Address of New Registered Agent

Name

ASHTON JEFFREY A

Street Address (P.O. Box Number is Not Acceptable)

4090 Bermuda Grove Pl.

City

Longwood

FL

Zip Code

32779

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JEFFREY A. ASHTON

1/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **ASHTON, JOAN T**
CITY-ST-ZIP **674 MOSSY BRANCH CT.**
LONGWOOD FL 32779

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **ASHTON, JEFFREY A**
CITY-ST-ZIP **674 MOSSY BRANCH CT.**
LONGWOOD FL 32779

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **4090 Bermuda Grove Pl.**
CITY-ST-ZIP **Longwood FL 32779**

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **4090 Bermuda Grove Pl.**
CITY-ST-ZIP **Longwood FL 32779**

TITLE ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 to 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/21/03 407 444 0486

Date

Daytime Phone #

CR2E034 (10/02)