

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90309 014 \*\*\*150.00

**DOCUMENT # P00000041031**

**1. Entity Name**  
**ETON SERVICES INC.**

**Principal Place of Business**

**VICTORIA HOUSE**  
**26 VICTORIA STREET**  
**ISLES OF MAN IM1- 2LE**

**Mailing Address**

**VICTORIA HOUSE**  
**26 VICTORIA STREET**  
**ISLES OF MAN IM1- 2LE**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

**2ND FLOOR, KERMODE HOUSE, PARLIAMENT STREET**

Suite, Apt. #, etc.

**2ND FLOOR, KERMODE HOUSE, PARLIAMENT STREET**

City & State

**ISLE OF MAN RAMSEY**

City & State

**ISLE OF MAN RAMSEY**

Zip

**IM8 1A9**

Country

**ISLE OF MAN**

Zip

**IM8 1A9**

Country

**ISLE OF MAN**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** ☐ Delete  
**NAME** **SD BREW, KAREN**  
**STREET ADDRESS** **EAST LOUGHLAN, JURBY EAST, JURBY**  
**CITY-ST-ZIP** **ISLE OF MAN IM7 3EZ**

**TITLE** ☐ Delete  
**NAME** **D BUTLER, MARION**  
**STREET ADDRESS** **9 VICTORIA PLACE, DOUGLAS**  
**CITY-ST-ZIP** **ISLE OF MAN IM2- 4ET**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D THOMSON, ALAN**  
**STREET ADDRESS** **45 BEMAHAGUE AVENUE, ONCHAN**  
**CITY-ST-ZIP** **ISLE OF MAN, IM3 4AP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Karen Brew* **KAREN BREW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/04/02**

Date

**0044 1624 814306**

Daytime Phone #

CR2E034 (9/01)