

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90012 035 ***150.00

DOCUMENT # P00000067525

1. Entity Name
EBB, INC.

Principal Place of Business

**18455 MIRAMAR PARKWAY
 MIRAMAR FL 33029**

Mailing Address

**18455 MIRAMAR PARKWAY
 MIRAMAR FL 33029**

2. Principal Place of Business

**13021 NW 5th Court
 Suite, Apt. #, etc.**

3. Mailing Address

**13021 NW 5th Court
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines Florida

City & State

Pembroke Pines Florida

4. FEI Number

65-1026271

Applied For

Not Applicable

Zip

33028

Country

Broward

Zip

33028

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHINDER, BARRY S
 ATKINSON, DINER, STONE, MANKUTA P.A.
 1946 TYLER STREET
 HOLLYWOOD FL 33020**

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
 NAME **SCHINDER, JEREMY**
 STREET ADDRESS **18455 MIRAMAR PARKWAY**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Schinder, Jeremy**
 STREET ADDRESS **13021 NW 5th Court**
 CITY-ST-ZIP **Pembroke Pines FL 33028**

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

TITLE ☐ Change ☐ Addition
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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:

Jeremy Schinder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

954-433-2286

Daytime Phone #

CR2E034 (9/01)