

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91390 028 \*\*\*150.00

0172194 AV

**DOCUMENT # P00000067525**

**1. Entity Name**  
**EBB, INC.**



**Principal Place of Business**  
**13021 NW 5TH CT**  
**HOLLYWOOD FL 33028**

**Mailing Address**  
**13021 NW 5TH CT**  
**HOLLYWOOD FL 33028**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1026271**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**7. Name and Address of New Registered Agent**

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

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

3107 Stirling Road #105

City Pt. Lauderdale **FL** Zip Code 33312

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

Barry Schinder  
(NOTE: Registered Agent signature required when reinstating)

Apr 30, 2003  
DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **PSTD** ☐ Delete  
**NAME** **SCHINDER, JEREMY**  
**STREET ADDRESS** **13021 NW 5TH CT**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33028**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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

April 30, 2003  
Date

954-982-8800  
Daytime Phone #

CR2E034 (10/02)