

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91594 011 ***150.00

552290

DO NOT WRITE IN THIS SPACE

DOCUMENT # P000000099536
1. Entity Name
 MMB Eberly Enterprises, Inc.
 DBA Dog Days & Cat Naps

Principal Place of Business
 P.O. Box 56262
 JACKSONVILLE, FL.
 32240
Mailing Address
 P.O. Box 50262
 JACKSONVILLE, FL.
 32240

2. Principal Place of Business
 P.O. Box
 Suite/Apt. #, etc.
 50262
City & State
 JACKSONVILLE, FL.
Zip 32240 **Country** U.S.
3. Mailing Address
 P.O. Box
 Suite/Apt. #, etc.
 50262
City & State
 JACKSONVILLE, FL.
Zip 32240 **Country** U.S.

4. FEI Number 59-3676868 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 REBECCA A. EBERLY
 13810 SUTTON PARK DRIVE, NORTH
 JACKSONVILLE, FL. 32224 APT. 828

7. Name and Address of New Registered Agent
Name N/A
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 N/A
 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, 2001 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	REBECCA A. EBERLY	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	13810 SUTTON PARK DR., NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL. APT. 828	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JOHN W. BALCH	
STREET ADDRESS	178 THOMAS JOHNSON DR. SUITE	
CITY-ST-ZIP	FREDERICK, MD. 21702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John W. Balch, Treasurer
 Signature and typed or printed name of signing officer or director **DATE** 4/29/01 **Daytime Phone #** 301-684-8549

CR2E034 (11/00)