

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/01

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-02-2001 90289 018 ***150.00

DOCUMENT # P00000109636

1. Entity Name

EHOST GLOBAL.COM, INC.

Principal Place of Business

Mailing Address

4800 S UNIVERSITY DR. STE 2100
DAVIE FL 33328

4800 S UNIVERSITY DR. STE 2100
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1011363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVE, ANDREW N ESQ
225 21ST AVE
HOLLYWOOD FL 33020

Name

William A Judd

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

4801 S. University Dr. #200

City

DAVIE

FL FL

Zip Code

33328

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

William A Judd

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ETIENNE, SHAYNE
STREET ADDRESS 4800 S UNIVERSITY DR, STE 2100
CITY-ST-ZIP DAVIE FL 33328 ☒ Delete

TITLE DVST
NAME JUDD, WILLIAM A
STREET ADDRESS 4800 S UNIVERSITY DR, STE 2100
CITY-ST-ZIP DAVIE FL 33328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME William A. Judd PRES ☐ Change ☐ Addition
STREET ADDRESS 4801 S. UNIVERSITY DR. STE 2100
CITY-ST-ZIP DAVIE FL 33328

TITLE
NAME V. PRES
STREET ADDRESS 4801 S. University Dr. #200
CITY-ST-ZIP DAVIE FL 33328 ☐ Change ☒ Addition

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

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/01

Daytime Phone #

CR2E034 (10/00)