P01000001210

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

FILED Jul 23, 2002 8:00 am Secretary of State

05-28-2002 91510 023 ***150.00

1. Entity Name EH HOLDINGS, INC. Principal Place of Business Mailing Address 3901 1/2 EMPEDRADO STREET 3801 1/2 EMPEDRADO STREET TAMPA FL 33601 39248 **TAMPA FL 3360!** 2. Principal Place of Business 26/0 Washington 3. Mailing Address Box 1435 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For am,19 Not Applicable Shoroug \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Cufrent Registered Agent 7. Name and Address of New Registered Agent MOORE, C.A. Street Address (P.O. Box Number is Not Acceptable) 400 NORTH TAMPA STREET SUITE 2300 TAMPA FL 33602 City 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.

<u> </u>	Signature, typed or printed name of registered agent and t	Registered Agent signature required when reinstating) DATE						
(See Criteria on back) Make		After May 1, 20 Make Check Payab	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ke 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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS HELTON, ELGIN 3801 1/2 EMPEDRADO STREET TAMPA FL 33601	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Joshington FL		Change	Addition
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NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS			<u>. </u>	☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE _

CR2E034 (9/01)

Attachment

EH Holdings, Inc.

P.O. Box 1435 Tampa, FL 33601 813.924.6065 39248

July 19, 2002

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327

Tallahassee; FL-32314-

RE: Document # P01000001210

Dear Ms. Harris:

Please find enclosed the completed Form #P01000001210. I just received the information from your office this morning for whatever reasons. This is my first filing so I apology for the errors.

I respectfully request a waiver for the late fees on this filing. I will personally ensure the documents are correctly filed next year.

Sincerely,

EH Holdings, Inc.

Elgin W. Helton

President