2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000003197 DOCUMENT



FILED Jan 17, 2003 8:00 am Secretary of State

1. Entity Na	^{me} EA REAL ESTATE & INVE	STMENT GROUP, IN	C.				01-17-2003	90138 (010 ***150).00	,
Principal Place of Business 13312 N 56 STREET TAMPA FL 33617		Mailing Address 13312 N 56 STREET TAMPA FL 33617	13312 N 56 STREET			1 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1111 11 111 11 111		. 1247 1881 1881	
2. Principal	Place of Business	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				CHECK HERE	IF MAKIN	IG CHANGES	3	
City & Sta	te	City & State	City & State			4. FEI Number 59-3688724			<u> </u>	Applied For Not Applicable	
Zip Country .		Zip	Coun	intry		Certificate of S			\$8.75 Ac	.75 Additional Required	
	6. Name and Address of Curr	ent Registered Agent			7. N	lame and Ad	ress of New F	Registered			-
SIMONE, JOHN V				Name							1
13312 N TAMPA F	56 street L 33617			Street Address (P.O.		ox Number is	Not Acceptable)				-
				City		<u> </u>		FI	Zip Cod	de e	-
Afte	Signature, typed or primed name of registered a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Departmen	00		J Agent signature requ	ifred when rei	9. Election	Campaign Fir		\$5.0 Adde	00 May Be	_
10.	OFFICERS A	ND DIRECTORS	11,	 .	ADI	DITIONS/CHA	NGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, JOHN V 13312 N 56 STREET TAMPA FL 33617	☐ Delete		[سميهد .	- · ·			☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		1	· • ·	•		,	☐ Change	Addition	CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADORESS					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	Addition	
title Name Stree1- add res s- City-St-Zip		☐ Delete		TADORESS					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S	f Address ST-ZIP					☐ Change	☐ Addition	
indicated of the corp	ertify that the information supplied won this report or supplemental report or state on the receiver of trustee en	rith this filing does not qualify for t is true and accurate and that powered to execute this repor	or the exem my signature thas require	ption stated in S re shall have the d by Chapter 60	Section 11 e same le	9.07(3)(i), Flo	rida Statutes. I made under o	further cer ath; that I a	tify that the in	formation or director	

SIGNATURE:

1/1/03

813.986.7255