FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90181 040 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000049047

DOCUMENT #

E & J GLOBAL, INC.

1. Entity Name



108 WINDSOR	ce of Business POINTE DR GARDENS FL 33418	108 W	Mailing Address 108 WINDSOR POINTE DR PALM BEACH GARDENS FL 33418				# 1 38 1/1 88 1/1/1/1881/10 (1981/1881/1881/1				
2. Principal F	Place of Business	3. Mail	3. Mailing Address								
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	City & State			4.	FEI Number 65-1112897		<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Zip Cour			5.	Certificate of Status Desired		8.75 A	dditional	
	6. Name and Address o	Current Registere	d Agent	1			Name and Address of New De				
	o. Manue and Maarcoo o	- Carrette Hegistere	u Agent		Name	- /.	Name and Address of New Re	gistered Aç	jent		
REDINGHA	LICE ELAIN				IVANIE						
BERINGHAUSE, ELAIN					-Street-Addre	33 (P.O. t	Box Number is Not Acceptable)	-:			
108 WINDSOR POINTE DR											
Palm bea	CH GARDENS FL 33418										
•	*-				City				T zin Co	- da	
	<u> </u>				•			FL	Zip Co		
the obligat	ngmed entity submits this stations of registered agent. Signature, typed or printed name of registered.				d office or regi		gent, or both, in the State of Flori	DATE	niliar with), and accept	
F	ILE NOW!!! FEE IS \$15	0.00									
	May 1, 2003 Fee will be s Payable to Florida Depar						9. Election Campaign Final Trust Fund Contribution.	ncing		00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS				11.		АГ	L ODITIONS/CHANGES TO OFFIC	ERS AND E	IRECTO	RS IN 11	
TITLE	P Delete			TITLE		712	350.10, 677, 111020 10 01110				
	BERINGHAUSE, ELAIN		□ Delete	NAME				L	Change	☐ Addition	
	108 WINDSOR POINTE D	R			T ADDRESS						
	PALM BEACH GARDENS				ST-ZIP						
	_	12 33 110									
	D BEDNICHOUSE SERVED		☐ Delete	TITLE				l	Change	☐ Addition	
	BERINGHOUSE, GERALD			NAME	F					}	
	108 WINDSOR POINTE D				T ADDRESS						
	PALM BEACH GARDENS	PL 33418		GIIY-	ST-ZiP						
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NAME				NAME						i	
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NAME				NAME				_		_ ` '	
STREET ADDRESS				STREE	ADDRESS						
CITY-ST-ZIP				CITY-S	ST-ZIP						
of the corp	on this report of supplemental	report is true and at tee empowered to ex	ccurate and that necessity	nv sionatii	re shall have th	ne came i	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat da Statutes; and that my name a	hithat Lam	an officer	r or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-626-1028