

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90486 038 ***150.00

DOCUMENT # P01000119238

1. Entity Name

E.B.C. ENTERPRISES, INC.

Principal Place of Business

**RT 15 BOX 3007
 LAKE CITY FL 32024**

Mailing Address

**RT 15 BOX 3007
 LAKE CITY FL 32024**

2. Principal Place of Business

RT- 15 Box 3007

3. Mailing Address

RT- 15 Box 3007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

lake city FL

lake city FL

4. FEI Number

59-3760337

Applied For

Not Applicable

32024

USA

32024

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLOREZ, EDUARDO E
 600 NORTH CHURCH STREET
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name: Eduardo E Florez

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

RT- 15 Box 3007

lake city, FL 32024

City: lake city, FL Zip Code: 32024

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

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FLOREZ, EDUARDO E**
 CITY-ST-ZIP **600 N CHURCH ST
 LAKE CITY FL 32055**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PRICE, RICHARD S**
 CITY-ST-ZIP **2602 PARKWOOD DR
 PANAMA CITY FL 32405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 386-155 6625

CR2E034 (9/01)