

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90445 015 ***158.75

DOCUMENT # P02000099343

1. Entity Name
E. H. I. INCORPORATED



Principal Place of Business
**4380 AVENUE Q
AUBURDALE FL 33823**

Mailing Address
**4380 AVENUE Q
AUBURDALE FL 33823**



2. Principal Place of Business

1303 42nd Street NW

3. Mailing Address

Suite, Apt. #, etc.

Unit 6

Suite, Apt. #, etc.

City & State
Auburndale, FL

City & State

Zip
33823

Country
United States

Zip

Country

4. FEI Number

76 0712651

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOSPITALITY MANAGEMENT SERVICES
653 WEST 23RD ST
#102
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

***FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ETHERIDGE, SHIRLEY F**
STREET ADDRESS **4380 AVENUE Q**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE **VP,T** ☐ Delete
NAME **ETHERIDGE, LAVON**
STREET ADDRESS **4380 AVENUE Q**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE **S** ☐ Delete
NAME **NELSON, BRENDA S**
STREET ADDRESS **1120 ILLINOIS AVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LAVON ETHERIDGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03
Date

863-559-7947
Daytime Phone #

CR2E034 (10/02)