2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

1820 N CORPORATE LAKES BLVD

P02000122694

Mailing Address

1820 N CORPORATE LAKES BLVD

1. Entity Name

E & E PUBLISHING CORPORATION



Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90140 023 ***150.00 **FILED**

SUITE 305 WESTON FL 33326				SUITE 305 WESTON FL 33326												
2. Principal Place of Business			3. Ma	3. Mailing Address			 -									
Suite, Apt. #, etc. Suite, Apt. #, et				le, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & State City & S				& State	State 4		4.	FEI Number	r			Applied For Not Applicable				
Zip		Country	Zip		Country			Certificate of	of Status Desire	ed 🗆		75 Add Required	itional			
	6 Name	and Address of Cui	rent Register	ed Agent	_		<u></u> 7	Name and	Address of Ne	w Register		<u> </u>		┨		
6. Name and Address of Current Registered Agent						Name		Hanse and	Address of the	Triegistor.	co Agei	` 		1		
TASSINI, GUIDO						Street Address (P.O. Box Number is Not Acceptable)										
1820 N C	ORPORATE	LAKE\$ BLVD				Silver and the second s										
SUITE 305	5													l		
WESTON FL 33326						City				F	-L /	Zip Code				
	named entity ions of regist	y submits this statemi ered agent.	ent for the purp	pose of changing its r	registere	ed office or re	egistered ag	gent, or both	, in the State o	f Florida. 1 a	am famili	ar with, a	and accept			
SIGNATURE .	Signature (voed	or printed name of registered	agent and title if any	plicable (NOTE:	Registere	d Agent signature	required when r	reinstation)		DAI	TF.			l		
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12 I hereby c	ertify that the	information supplied	Lwith this filing	door not qualify for t	the ever	notice states	d in Section	110.07(2)(i)	Florido Statut	es I further	cortify th	at the in	formation			

Thereby 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.

CHARLUSE REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S

Daytime Phone #