

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 030 ***150.00

DOCUMENT # P02000131402

1. Entity Name

EISINNMANN, INC. (due between Jan. 1-May 1, 2003)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
193 LONGVIEW AVE.

3. Mailing Address
SAME

Suite, Apt. #, etc.
#301

Suite, Apt. #, etc.

City & State
CELEBRATION, FL

City & State

(EIN)

4. FEI Number
05-0544924

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
34747

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name IAKE EISSINMANN

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

193 LONGVIEW AVE. #301

City CELEBRATION

FL

Zip Code
34747

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

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

IAKE EISSINMANN - TREASURER/DIRECTOR

4-24-03

(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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
ALEX EISSINMANN- PRES/SEC/DIR
193 LONGVIEW AVE. #301
CELEBRATION, FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IAKE EISSINMANN- TREAS/DIR
193 LONGVIEW AVE. #301
CELEBRATION, FL 34747

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IN THIS SPACE**

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 on an attachment with an address with all other filers empowered.

SIGNATURE:

IAKE EISSINMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAKE EISSINMANN - TREAS/DIR 4-24-03 (321)939-1390

Date

Daytime Phone #

CR2E034B (12/01)