

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000036502**

1. Entity Name

C.E.B. FINANCIAL CORPORATION**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90041 033 ***150.00

101276

DO NOT WRITE IN THIS SPACE

Principal Place of Business 350 GULF OF MEXICO DR. 233 LONGBOAT KEY FL 34228 US		Mailing Address 350 GULF OF MEXICO DR. 233 LONGBOAT KEY FL 34228-4060 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7511 GATON COURT Suite, Apt. #, etc.	
City & State SARASOTA, FL		4. FEI Number 65-0412979	
Zip 34201		Country SARASOTA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRIMBLE, CHARLES E 350 GULF OF MEXICO DR. #233 LONGBOAT KEY FL 34228		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7511 GATON COURT City SARASOTA FL Zip Code 34201	
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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BRIMBLE, CHARLES E STREET ADDRESS 350 GULF OF MEXICO DR., #233 CITY-ST-ZIP LONGBOAT KEY FL		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 7511 GATON COURT CITY-ST-ZIP SARASOTA, FL 34201	
TITLE PD NAME BRIMBLE, EDDA B. STREET ADDRESS 350 GULF OF MEXICO DR. CITY-ST-ZIP LONGBOAT KEY FL		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 7511 GATON COURT CITY-ST-ZIP SARASOTA, FL 34201	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>CHARLES E. BRIMBLE</u> PRES. 4.28.00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/99)