2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000039375 **DOCUMENT #**

1. Entity Name

JEFF EWING ENTERPRISE, INC.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90263 014 ***150.00

Pincipal Place of Business Size No PT TAMARAC FL 3321 US Size No PT TAMARAC FL 3321 Size No PT TAMARAC FL 3322 Size No PT TAMA								5					
Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Ci	9712 NW 67 3	ST	9712 F TAMAF	9712 NW 67 ST TAMARAC FL 33321									
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Country Zip Country S. Certificate of Status Desired Status Desi	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	Zip Country			Zip	Zip Count			5.	Certificate of Status Desired				
STREET ADDRESS OTH ST.		6. Name	and Address of (Current Registered	Registered Agent			7. Name and Address of New Registered Agent					
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B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Rorida. I am smallar with, and accept the obligations of pasteried agent. Signature, topic of the purpose of changing its registered effice or registered agent, or both, in the State of Rorida. I am smallar with, and accept the obligations of pasteried agent.								<u>"</u>					
SIGNATURE Signature tropic of grapher of Codeptioned speniand title 1 applications. (NIOTE Registered Agent Expressione recuired when rentalizing) FILE_NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 May Bo Added to Fees May 1, 2003 Fee will be \$55.00 May Bo Added to Fees Make Critical Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE DEMING, JEFFREY STEE ADDRESS CITY-ST-2P ITILE MAKE CRITICAL DEVISE STREET ADDRESS CITY-ST-2P ITILE MAKE STREET ADDR	į								FL	Zip Code	Э		
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12. 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	NAME STREET ADDRESS CITY-ST-ZIP					NAM STRE CITY	E ET ADDRESS -ST-ZIP						

on is the and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director procycled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if as a shall other like empowered. of the corporation or the receiver or trustee changed, or on an attachment with an application.

SIGNATURE