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## 2002 Uniform Business Report (UBR)

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changed, or on an attachment with an address

SIGNATURE:

## Apr 09, 2002 8:00 am Secretary of State 1. Entity Name 04-09-2002 90057 029 \*\*\*150.00 E & N ASSOCIATES, INC. Principal Place of Business Mailing Address 2494 ELFIN WING LANE 2494 ELFIN WING LANE TALLAHASSEE FL 32308 7 TALLAHASSEE FL 32308 9 32309 2. Principal Place of Business 3. Mailing Address 2494 ELFIN WING LANE 2494 ELFIN WING LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3207383 TAllAhassee T411444334E Not Applicable Country Zip Country \$8.75 Additional USA 5. Certificate of Status Desired 309 32309 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EUNUST BASS, ERNEST T JR ss (P.O. Box Number is Not Acceptable) 257 STARMOUNT DRIVE TALLAHASSEE FL 32303 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 又 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change (9/01) Addition TITLE ☐ Delete TITLE BASS, NAONE I NAME BASS, NADINE I NAME 2494 ELFIN WING LANG STREET ADDRESS STREET ADDRESS 257 STARMOUNT DR CITY-ST-ZIP CITY-ST-7IP Tallahassee FL 32309 TALLAHASSEE FL 32303 O BAGS, ERNEST T. JR. 2494 ELFIN WING LANE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BASS, ERNEST T JR NAME STREET ADDRESS STREET ADDRESS 257 STARMOUNT DR TALLALASSES CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE Delete TITLE ☐ Addition NAME NAME BASS, ROBERT E SR STREET ADDRESS STREET ADDRESS 1144 E TENNESSEE ST CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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