

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025062

i. Entity Name

E.B. ENTERPRISES OF SW FLORIDA, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 91436 001 \*\*\*450.00

Principal Place of Business	Mailing Address
GERMAN SERVICES 5TH AVE SO. #406 NAPLES FL 34102	C/O GERMAN SERVICES 300 5TH AVE SO. #406 NAPLES FL 34102-6547 US

14000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10 German Services Suite, Apt. #, etc. 1100 Corporate Sq. #137 City & State NAPLES FL Zip 34104 Country USA	c/o German Services Suite, Apt. #, etc. 4100 Corporate Sq. #137 City & State NAPLES FL Zip 34104 Country USA

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAND, LINDA 460 DUNDEE COURT NAPLES FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP BUDDE, EWALD 350 5TH AVE. SOUTH NAPLES FL	TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Budde</i>	REQUIRED	Date	Daytime Phone #
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CR2E034 (9/99)