

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091994

1. Entity Name

E.J.O. ENTERPRISES, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90003 017 \*\*\*150.00

Principal Place of Business

2800 SW 137TH TERRACE  
DAVIE FL 33330

Mailing Address

2800 SW 137TH TERRACE  
DAVIE FL 33330-1186

2. Principal Place of Business

18381 NE 19ct

3. Mailing Address

18381 NE 19ct

Suite, Apt. #, etc.

Home

Suite, Apt. #, etc.

Home

City & State

N.M.B. Florida

City & State

N.M.B. Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

65-0541164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, EDWARD J  
2800 SW 137TH TERRACE  
DAVIE FL 33330

7. Name and Address of New Registered Agent

Name

EDWARD J. O'BRIEN

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

18381 NE 19ct

City

N.M.B. Florida

FL

Zip Code

33129

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-2000

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elect to do so.  
(See criteria on back) ☐

**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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS O'BRIEN, EDWARD J  
CITY-ST-ZIP 2800 SW 137TH TERRACE  
DAVIE FL 33330

TITLE ☐ Delete  
NAME EDWARD J. O'Brien  
STREET ADDRESS 18381 NE 19ct  
CITY-ST-ZIP N.M.B. Florida 33129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-2000