

2000* UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000000042**

1. Entity Name

EBY, Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90435 033 ***150.00

Principal Place of Business

Mailing Address

56 HARVARD ST.

ENGLEWOOD, FL 34223

00001000

2. Principal Place of Business

3. Mailing Address

56 HARVARD ST

56 HARVARD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ENGLEWOOD, FL

City & State

ENGLEWOOD, FL

Zip **34223**

Country **USA**

Zip **34223**

Country **USA**

4. FEI Number

65-055-3927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL W. EBY

761 W. PERRY ST.

ENGLEWOOD, FL 34223

Name

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

City

FL

Zip Code

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

Marshall W. Eby

MARSHALL W. EBY

5/2/00

Signature typed or printed name of registered agent and title if applicable.

(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) ☐

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

DIR.

☒ Delete

NAME

C. ANITA CAIN

STREET ADDRESS

CITY-ST-ZIP

TITLE

V.P.

☒ Delete

NAME

BRIAN M. EBY

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

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

PRESIDENT

☒ Change ☐ Addition

NAME

MARSHALL W. EBY

STREET ADDRESS

761 W. PERRY ST

CITY-ST-ZIP

ENGLEWOOD, FL 34223

TITLE

SECRETARY

☒ Change ☐ Addition

NAME

JANICE A. EBY

STREET ADDRESS

761 W. PERRY ST

CITY-ST-ZIP

ENGLEWOOD, FL 34223

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:

Marshall W. Eby

MARSHALL W. EBY

5/2/00

941-473-0665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)