

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000074039**

Entity Name

E6H Credit Corp

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90213 050 ***150.00

Principal Place of Business

Mailing Address

18500 U.S. HWY. 441
MOUNT DORA FL 32757
US

PO BOX 1364
MOUNT DORA FL 32756-1364
US

2. Principal Place of Business

7110 Beech Ridge Trail

3. Mailing Address

PMB 324-6753 Thomsville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32312 Leon

Zip

Country

32312 USA

4. FEI Number

59-3337006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Lance Hampton

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

7110 Beech Ridge Trail

City

Tallahassee

FL

Zip Code

32312

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

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 NAME STREET ADDRESS CITY-ST-ZIP	HILL, KAY 1206 OLD EUSTIS ROAD MOUNT DORA FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hill, Kay 7110 Beech Ridge Trail Tallahassee, FL. 32312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hill, Gene	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hill, Gene 7110 Beech Ridge Trail Tallahassee, FL. 32312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMPTON, LANCE 6861 SYLVAN WOODS CT SANFORD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hampton, Lance 7110 Beech Ridge Trail Tallahassee, FL. 32312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Lance Hampton

Date

Signature #

5-1-00 850-668-3312

CR2E034 (9/99)