

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080020

1. Entity Name

E.J.S. INVESTMENT COMPANY

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90181 038 \*\*\*150.00

Principal Place of Business

41 ARVIDA PARKWAY  
CORAL GABLES FL 33156

Mailing Address

41 ARVIDA PARKWAY  
CORAL GABLES FL 33156

2. Principal Place of Business

0602 EPPLEY DR.

3. Mailing Address

0602 EPPLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aspen Co

City & State

Aspen, Co.

Zip

81611

Country

USA

Zip

81611

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0615793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ERIC J  
41 ARVIDA PARKWAY  
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name

ERIC Schwartz

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

0602 EPPLEY DR. 2107 N.W. 62nd St.

Boca Raton

City

Aspen Boca, Co FL

Zip Code

33496

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

1/8/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SCHWARTZ, ERIC  
41 ARVIDA PARKWAY  
CORAL GABLES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

1/8/00 970-920-1172

CR2E034 (9/99)