

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004284

1. Entity Name
E.H. GENERAL, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90063 007 ***150.00

Principal Place of Business
1155 S. SEMORAN BLVD
STE 1118
WINTER PARK FL 32792
US

Mailing Address
1155 S. SEMORAN BLVD
STE 1118
WINTER PARK FL 32792-5505
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3358814

Applied For
Not Applicable

Zip Country Zip Country

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

TEPLITSKY, IGOR
1155 S SEMORAN BLVD
STE 1118
WINTER PARK FL 32790

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME TEPLITSKY, IGOR
STREET ADDRESS 1155 S SEMORAN BLVD, SUITE 1118
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE D ☐ Delete
NAME NIKITINE, VADIM
STREET ADDRESS 668 N ORLANDO AVE SUITE 105
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

IGOR TEPLITSKY 4-13-00 (407) 678-3939
Date Daytime Phone #

CR2EC04 (9/99)