

FILED
Aug 02, 2000 8:00 am
Secretary of State

06-19-2000 90290 001 ***150.00
 06-19-2000 90290 002 ****13.75

DOCUMENT # P 960 000 16968
1. Entity Name Eskebee, Inc. *KA*

Principal Place of Business LAKE CITY, FLORIDA
Mailing Address 4140 WEST US 90
 LAKE CITY,
 FL 32055

2. Principal Place of Business LAKE CITY, FLORIDA
3. Mailing Address 4140 WEST US 90 LAKE CITY, FL 32055

Subs. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LAKE CITY, FLORIDA
Country U.S.A.
Zip 32055

4. FBI Number 67-3365908
Applied For **Not Applicable**

5. Certificate of Status Desired **68.75 Additional Fee Requested**

6. Name and Address of Current Registered Agent
 K. BALENDRAN
 4140 WEST US 90
 LAKE CITY, FL 32055

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when necessary)

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

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME K. BALESWARAN	
STREET ADDRESS 4140 WEST US 90 LAKE CITY, FL 32055	
TITLE SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME K. JAYASEWAN	
STREET ADDRESS 4657 WEST IHO BRANSON M... KISSIMEE, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT / SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME K. BALENDRAN	
STREET ADDRESS 4140 WEST US 90 LAKE CITY, FL 32055	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

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: _____ **K. BALESWARAN** **5.25.00 (904) 7520334**

Baleswar 6.30.00

