## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P96000025335** Aug 02, 2000 8:00 am Secretary of State 1. Entity Name EBERLE PRODUCTION SERVICES, INC. 08-02-2000 90151 025 \*\*\*558.75 Principal Place of Business Mailing Address 3332 NE 38TH ST 3332 NE 38TH ST FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0653760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered EBERLE, MARK 3332 NE 38TH ST FT. LAUDERDALE FL 33308 8. The above named entity submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. E, MARKR SChange TITLE ☐ Delete TITLE NAME EBERLE, MARK R NAME EDWOOD ST. STREET ADDRESS STREET ADDRESS 3332 NE 38TH ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE NAME EBERLE, BRIGETTE NAME STREET ADDRESS 3332 NE 38TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this liting 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 ap address. If all other like empowered.

SIGNATURE: