

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093550

1. Entity Name

EUBANK SALES CO., INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90058 032 ***150.00

Principal Place of Business

3107 SPRING GLEN ROAD #210
JACKSONVILLE FL ~~32206~~ 204
32207

Mailing Address

POST OFFICE BOX 41285
JACKSONVILLE FL 32203-1285

2. Principal Place of Business

3107 SPRING GLEN RD

Suite, Apt. #, etc.

#204

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Address

3107 SPRING GLEN RD

Suite, Apt. #, etc.

#204

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3413254

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

EUBANK, RICHARD

3107 SPRING GLEN ROAD #204

JACKSONVILLE FL 32206

32207

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

D
EUBANK, RICHARD
3107 SPRING GLEN ROAD #204
JACKSONVILLE FL

☐ Delete

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☐ 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 #

RICHARD G. EUBANK 4/15/00 904-398-6238

CR2E034 (9/99)