

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90069 012 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000072126

1. Entity Name

EUBANKS Boys, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3206 BOUGAINVILLE ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 32147

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA FLCity & State  
SARASOTA FL

4. FEI Number

65-0775671

Applied For

Not Applicable

Zip  
34239Country  
SARASOTAZip  
34278Country  
SARASOTA5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
TIMOTHY E. EUBANKS

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

P.O. Box 32147

3206 Bougainvillea St.

City  
SARASOTA

FL

Zip Code  
34239DO NOT WRITE  
IN THIS SPACE

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)

Tim Eubanks

4-25-02

DATE

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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, D, S  
TIMOTHY E. EUBANKS  
P.O. Box 32147  
SARASOTA, FL 34278

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Tim Eubanks

4-25-02

Date

941-923-1531

Keyline Phone #

CR2E0349 (12/01)