

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90162 048 ***150.00

DOCUMENT # P97000074909

1. Entity Name

EA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**14 HUNTINGTON PARK DR
THONHILL ONTARIO L3T 7G9**

**14 HUNTINGTON PARK DR
THONHILL ONTARIO L3T 7G9**

011103

2. Principal Place of Business

160 Boake Trail

3. Mailing Address

160 Boake Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Richmond Hill - Ontario

City & State

Richmond Hill - Ontario

4. FEI Number

59-3469419

Applied For

Not Applicable

Zip

Country

L4B-3W8 Canada

Zip

Country

L4B-3W8 Canada

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

**LONG, DENNIS R
31608 US HWY 19 N
PALM HARBOR FL 34684**

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 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, 2001 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	<input type="checkbox"/> Delete
NAME	AFFARA, ELIAS I	
STREET ADDRESS	14 HUNTINGTON PARK DR	
CITY-ST-ZIP	THONHILL ONTARIO L3T 7G9	
TITLE	D	<input type="checkbox"/> Delete
NAME	AFFARA, ELIAS I	
STREET ADDRESS	160 Boake Trail	
CITY-ST-ZIP	Richmond Hill L4B-3W8 Ont	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Jan - 14 - 2001 (905) 787-9679

Date

Daytime Phone #

CR2E034 (10/00)