

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027020

1. Entity Name

EAST PASS ENTERPRISES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90189 001 ***550.00

05-23-2000 90189 002 *****8.75

Principal Place of Business	Mailing Address
HWY 99E SENF FL 32541	P O BOX 5272 DESTIN FL 32540-5272

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3500424	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CREW & CREW, P.A. 25 NE BEAL PKWY,STE.210 FT. WALTON BEACH FL 32548	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPS	TITLE	
NAME	LIPSCOMB, VIRGINIA D	NAME	
STREET ADDRESS	4117 BURNING TREE DR	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	KENNEDY, JAMES J	NAME	
STREET ADDRESS	4117 BURNING TREE DR	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Virginia Lipscomb 58-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)