

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90110 022 ***150.00

DOCUMENT # P98000067263

1. Entity Name

EBENEZER'S CHRISTIAN BOOK STORE & BOUTIQUE, INC.

Principal Place of Business

**53 BLUFF LAKE ROAD
MASCOTTE FL 34711**

Mailing Address

**PO BOX 1106
MASCOTTE FL 34753**

2. Principal Place of Business

**374 pebble ct
Suite, Apt. #, etc.
Clermont, FL**

3. Mailing Address

**374 pebble ct,
Suite, Apt. #, etc.
---**

City & State

City & State

Clermont, FL

Zip

34711

Country

U.S.A.

Zip

34711

Country

U.S.A

4. FEI Number

59-3576229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II
13543 EAST HWY 50
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
NAME **GUADAMUZ, INES**
STREET ADDRESS **53 BLUFF LAKE ROAD**
CITY-ST-ZIP **MASCOTTE FL 34753**

TITLE **D** ☒ Delete
NAME **GUADAMUZ, FRANCISCO**
STREET ADDRESS **53 BLUFF LAKE ROAD**
CITY-ST-ZIP **MASCOTTE FL 34753**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Rey Cardona**
STREET ADDRESS **374 pebble ct,**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☒ Change ☐ Addition
NAME **Nidia Cardona**
STREET ADDRESS **374 pebble CT,**
CITY-ST-ZIP **Clermont, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/30/01 (352) 242-0613
Date Daytime Phone #

CR2E034 (10/00)