

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000072801****1. Entity Name**
EWB SPECIALTIES, INC.**Principal Place of Business****2421 NE 17TH TERRACE
GAINESVILLE FL 32609
US****Mailing Address****PO BOX 5456
GAINESVILLE FL 32627-5456****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3524554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CONNER, STEPHEN
1106 PARK AVE
ORANGE PARK FL 32073****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

B. 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	P	<input type="checkbox"/> Delete
NAME	EDDINGS, GREGORY T	
STREET ADDRESS	219 SWAN LAKE DR.	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITE, STEVE R	
STREET ADDRESS	2101 SW 79TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARPER, WILLIAM	
STREET ADDRESS	8039 VALLEY DRIVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

02/08/01

Date

352-373-3775

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)