## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P98000105870

1. Entity Name

EES GROUP I, INC.



## Mar 03, 2003 8:00 am & Secretary of State 03-03-2003 90431 009 \*\*\*150.00 **FILED**

Principal Place of Business 2609 N.E. 37TH ST. FT. LAUDERDALE FL 33308			Mailing Address 2609 N.E. 37TH ST. FT. LAUDERDALE FL 33308										
2. Principal Place of Business				3. Mailing Address									
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e		City & State					<b>4.</b> F	FEI Number <b>65-0906897</b>		_ <del></del>	oplied For	
Zip	Country Z				try 5. Cert		5. (	Certificate of Status Desired		8.75 Add	ditional		
6. Name and Address of Current R				egistered Agent				7. N	Name and Address of New R	egistered A	gent		
						Name							
SAUTTER	, C.CHRIST	ian esq.				Street Address (P.O. Box Number is Not Acceptable)							
2900 E. OAKLAND PARK BLVD., S-200				30			Street Address (F.O. Dox Number is not Acceptable)						
FT. LAUDERDALE FL 33306													
1						City				FL	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.													
OLONIATUDE													
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signatu	re required w	hen rei	einstating)	DATE		<del></del> [	
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00							9. Election Campaign Fin. Trust Fund Contribution			May Be	
Make Check	c Payable to	o Florida Department o	f State						Tradit dia contributor		710000	1.0.1000	
10.		· OFFICERS AND	DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFF	CERS AND I	DIRECTOR	S IN 11	
TITLE	D			☐ Delete	TITLE	E					Change	☐ Addition	
NAME		ARNEST E D.V.M.			NAM								
STREET ADDRESS	2609 N.E.					ET ADDRESS						}	
CITY-ST-ZIP		ERDALE FL 33308			CITY	-ST-ZIP						_	
TITLE	D	A 15 M <sup>22</sup> C <sup>22</sup>		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME EXPECT ADDRESS	SEILER, A				NAM	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	2609 N.E.	SZIN SI. ERDALE FL 33308				-ST-ZIP							
	PI LAUDI	ENDALE FL 33300		Delete	_						Change	Addition	
TITLE NAME	ו פבוו בס וי	OHN P ESQ.		LI Delete	"TITLE NAM	i					Change	☐ Addition	
STREET ADDRESS		AKLAND PARK BLVD.,	S-200			ET ADDRESS							
CITY-ST-ZIP		ERDALE FL 33306	0 200			-ST-ZIP							
TITLE				☐ Delete	TITLE						☐ Change	Addition	
NAME					NAM								
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITLE	:					☐ Change	☐ Addition	
NAME					NAM	I							
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CITY	-\$T-ZIP			<del></del>				
TITLE				☐ Delete	· TITLE	1				!	Change	☐ Addition	
NAME	1				NAMI								
STREET ADDRESS CITY-ST-ZIP		,				ET ADDRESS - ST-ZIP						j	
	artifu that the	information equation with	this files	does not avalle for			nd in Soct	ion 1	119.07(3)(i), Florida Statutes. 1	further postif	is that the in	oformation	
IL. ITTETEDY C	ciuiv man the	s inionnation supplied with	uus iiiind	GUES HOLDUBILLY FOR	uie exel	mbaon siaté	su iri aecī	பபா	i ia.∪/iaiiii. Horida Statutes.↓	runner certif	v mai me ir	normanon I	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: