

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

DOCUMENT # **P99000014384**

1. Entity Name  
**EEF CORPORATION**



Principal Place of Business  
**3808 NORTH TAMiami TRAIL  
SARASOTA FL 34234**

Mailing Address

**3808 NORTH TAMiami TRAIL  
SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**65-0945867**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VENGROFF, HARVEY  
3501 BAYOUSOUND  
LONGBOAT KEY FL 34228**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **COB**  
NAME **VENGROFF, HARVEY**  
STREET ADDRESS **3808 N TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34234**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **CEO**  
NAME **WILLIAMS, ROBERT**  
STREET ADDRESS **3808 N TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34234**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **P**  
NAME **VENGROFF, MARK**  
STREET ADDRESS **2100 MAIN ST STE 250**  
CITY-ST-ZIP **HUNTINGTON BEACH CA 93648**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **VP**  
NAME **VENGROFF, JOEL**  
STREET ADDRESS **77 LARKFIELD ROAD**  
CITY-ST-ZIP **COMMACK NY 11725**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **S**  
NAME **VENGROFF, KRISTY**  
STREET ADDRESS **777 LARKFIELD ROAD**  
CITY-ST-ZIP **CENTERPORT NY 11725**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Mar 17, 2003 8:00 am  
Secretary of State**

03-17-2003 90476 008 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)