

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90658 021 ***158.75

DOCUMENT # **P99000014878**

1. Entity Name

E2 PRICE, INC

Principal Place of Business

Mailing Address

**4035 W OAKHIDGE
 Orlando, Florida 32809**

2. Principal Place of Business

4035 W OAKHIDGE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

4. FEI Number

59-3560850

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0038280

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Elizabeth Bonfusa
 604 Holloway Dr
 Alt Springs, Florida 32701**

Name

Jose Silva

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

4035 W OAKHIDGE RD.

City

Orlando

FL

Zip Code

32809

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

Jose Silva

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Delete
 NAME **Elizabeth Bonfusa**
 STREET ADDRESS **604 Holloway Dr.**
 CITY-ST-ZIP **Alt Springs, Florida 32701**

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

TITLE **VP TREASURER** ☐ Delete
 NAME **Jose Silva**
 STREET ADDRESS **4035 W OAKHIDGE RD.**
 CITY-ST-ZIP **Orlando, FL 32809**

TITLE **PRESIDENT / Director** ☒ Change ☐ Addition
 NAME **JOSE SILVA**
 STREET ADDRESS **4035 W OAKHIDGE RD.**
 CITY-ST-ZIP **Orlando, Florida 32809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Jose Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01

(407) 694-1105

CR2E034 (9/99)