

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99000031300**
 1. Entity Name **E.H + Sinc** ✓

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90073 036 ***150.00

Principal Place of Business Mailing Address
95. S Harrison St
Beverly Hills Fl 34465

2. Principal Place of Business **95. S Harrison** 3. Mailing Address **95. S Harrison St**
~~3930 S S. Harrison St~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Beverly Hills Fl** City & State **Beverly Hills**
 Zip **34465** Country **USA** Zip **34465** Country **Citrus**

4. FEI Number **54-356885-8** Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Edward Sanderson
95. S Harrison St
Beverly Hills Fl. 34465

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 _____ (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. ☐ **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	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME Edward L. Sanderson	
STREET ADDRESS		STREET ADDRESS 95. S Harrison St Beverly Hills Fl	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME Wynne H. Hope Sanderson	
STREET ADDRESS		STREET ADDRESS 95. S. Harrison St	
CITY-ST-ZIP		CITY-ST-ZIP Beverly Hills Fl. 34465	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Ed. Sanderson** **P.R.C.S.** **4-25-00** **352-628-6329**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)