

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90068 021 ***158.75

DOCUMENT # P99000044595

1. Entity Name
WILLIAM EILF REALTY, INC.

Principal Place of Business

**904 LEE BLVD., #111
 LEHIGH ACRES FL 33936**

Mailing Address

**P.O. BOX 538
 LEHIGH ACRES FL 33970**

2. Principal Place of Business

1251 TAYLOR LANE

Suite 6A

Lehigh Acres, FL

Zip 33936

Country USA

3. Mailing Address

P.O. Box 538

Suite, Apt. #, etc.

Lehigh Acres, FL

Zip 33970

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0919197

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EILF, WILLIAM
 904 LEE BLVD., #111
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

WILLIAM EILF

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

P.O. Box 538

1251 TAYLOR LN. #6A

City

Lehigh Acres, FL

FL

Zip Code

33970

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

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, 2002 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 ☐ Delete
 NAME **EILF, WILLIAM**
 STREET ADDRESS **904 LEE BLVD., #111**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **EILF, WILLIAM**
 STREET ADDRESS **1251 Taylor Ln. #6A**
 CITY-ST-ZIP **Lehigh Acres, FL 33970**

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)