

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000047398

FILED  
Mar 25, 2002 8:00 AM  
Secretary of State

Entity Name: EBIC GROUP, INC.

**Current Principal Place of Business:**

9420 LAZY LANE, C#4  
TAMPA, FL 33614

**New Principal Place of Business:**

301 NORTH SLEEPY HOLLOW AV.  
TAMPA, FL 33617

**Current Mailing Address:**

301 NORTH SLEEPY HOLLOW AV.  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 59-3582234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALLESTEROS, EDUARDO  
301 NORTH SLEEPY HOLLOW AV.  
TAMPA, FL 33617

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BALLESTEROS, EDUARDO  
Address: 301 N. SLEEPY HOLLOW AVE.  
City-St-Zip: TAMPA, FL 33617

Title: SCT ( ) Delete  
Name: CORRALES, NORMA A SECRETA  
Address: 301 NORTH SLEEPY HOLLOW AV.  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCP (X) Change ( ) Addition  
Name: CORRALES, NORMA A SECRETA  
Address: 301 NORTH SLEEPY HOLLOW AV.  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO BALLESTEROS

PST

03/25/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date