

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061484

1. Entity Name

D.E. EISCHEID, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90010 012 ***150.00

Principal Place of Business

610 GERALD AVE. APT. 314
 LEHIGH ACRES FL 33972

Mailing Address

C/O DONALD EISCHEID
 610 GERALD AVE. APT. 314
 LEHIGH ACRES FL 33972-4287

2. Principal Place of Business

4783 Escobar Ave Apt A

3. Mailing Address

4783 Escobar Ave

Suite, Apt. #, etc.

Apt A

Suite, Apt. #, etc.

Apt A

City & State

Naples FL

City & State

Naples FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

65-0560088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOWERS, ROBERT L
 205 E. JOEL BLVD. STE 110
 LEHIGH ACRES FL 33972

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

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	EISCHEID, DONALD E	
STREET ADDRESS	610 GERALD AVE. APT. 314	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-20-00 (941) 940 0124

CR2E034 (9/99)