

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000064516

1. Entity Name

E. DEAL ENTERPRISES INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90041 044 \*\*\*150.00

Principal Place of Business

939 E. RIVER RD.  
WEWAHITCHKA FL 32465

Mailing Address

939 E. RIVER RD.  
WEWAHITCHKA FL 32465-4807

2. Principal Place of Business

2551 OSCAR HARVEY RD.  
Suite, Apt. #, etc.  
Tallahassee

3. Mailing Address

2551 OSCAR HARVEY RD.  
Suite, Apt. #, etc.  
Tallahassee

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59 3585736

Applied For

Not Applicable

Zip

32310

Country

USA

Zip

32310

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAL EILEEN M  
221 E. RIVER RD.  
WEWAHITCHKA FL 32465

7. Name and Address of New Registered Agent

Name: DEAL Eileen M  
Street Address (P.O. Box Number is Not Acceptable): 2551 OSCAR HARVEY RD  
City: Tallahassee FL Zip Code: 32310

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: *Eileen M. Deal*  
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	EILEEN M. DEAL	<input type="checkbox"/> Delete
NAME	2551 OSCAR HARVEY RD.	
STREET ADDRESS	TALLAHASSEE, FL 32310	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Eileen M. Deal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)