

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90195 049 ***150.00

DOCUMENT # P99000106088

1. Entity Name
EIO ENTERPRISES, INC.



Principal Place of Business
1405 GULF BLVD
BELLEAIR BEACH FL 33786

Mailing Address
1405 GULF BLVD
BELLEAIR BEACH FL 33786

1405 Gulf Blvd

2. Principal Place of Business

Bellair Beach

3. Mailing Address

1405 Gulf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

Bellair Beach

Zip

33786

Country

USA

Zip

33786

Country

USA

4. FEI Number **59-3610903**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABREU, ELOISA Z
1405 GULF BLVD
BELLEAIR BEACH FL 33786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **ABREU, ELOISA**
STREET ADDRESS **1405 GULF BLVD**
CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

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

TITLE **P** ☐ Delete
NAME **PELAZ, OROSMAN F**
STREET ADDRESS **1405 GULF BLVD**
CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2003 727-638-1703

CR2E034 (10/02)