

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91153 043 \*\*\*150.00

DOCUMENT # **P99000109152**

1. Entity Name  
**EBANKS CONSULTING INC.**

Principal Place of Business  
**1947 MORNINGSIDE ST.**  
**JACKSONVILLE, FL 32205**

2. Principal Place of Business  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FLORIDA**

Zip  
**32205**

6. Name and Address of Current Registered Agent

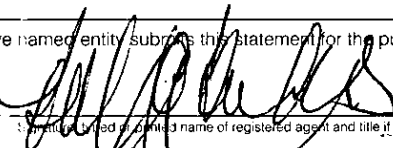
4. FEI Number  
**593640436**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**ROXANNA M. EBANKS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1947 MORNINGSIDE ST.**  
 City  
**JACKSONVILLE FL** Zip Code  
**32205**

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  DATE **4/25/01**

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, 2001 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 **P** **PRESIDENT**  
 NAME **JAMES GOWARD EBANKS**  
 STREET ADDRESS **1947 MORNINGSIDE ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S** **ROXANNA McDONALD EBANKS**  
 NAME **ROXANNA McDONALD EBANKS**  
 STREET ADDRESS **1947 MORNINGSIDE ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **V/T** **EDWARD T. EBANKS**  
 NAME **EDWARD T. EBANKS**  
 STREET ADDRESS **1947 MORNINGSIDE ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

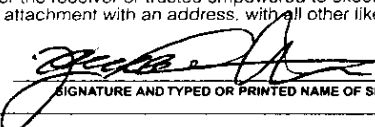
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that 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 **4/25/01** DAYTIME PHONE # **904/662-5954**

CR2E034 (11/00)