

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48916

1. Entity Name

EKBERG ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 471355
LAKE MONROE FL 32747-1355
US

Mailing Address

P.O. BOX 471355
LAKE MONROE FL 32747-1355
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3090311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EKBERG, DANIEL
6888 HIDDEN GLADE PLACE
SANFORD FL 32771

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 VP
NAME EKBERG, JEANETTE
STREET ADDRESS 6888 HIDDEN GLADE PLACE
CITY-ST-ZIP SANFORD FL

☐ Delete

TITLE P
NAME EKBERG, DANIEL
STREET ADDRESS 6888 HIDDEN GLADE PLACE
CITY-ST-ZIP SANFORD FL

☐ Delete

TITLE VP
NAME DEWEESE, RAY
STREET ADDRESS 2715 COVENTRY LANE
CITY-ST-ZIP OCOEE FL

☐ Delete

TITLE VP
NAME BRINSON, RAYMOND
STREET ADDRESS 2011 WARRENS AVE
CITY-ST-ZIP MAITLAND FL 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90057 046 ***350.00

A0066720



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1-26-00