

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48916

1. Entity Name

EKBERG ENTERPRISES, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90142 034 \*\*\*150.00

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

7. Name and Address of New Registered Agent

EKBERG, DANIEL  
6888 HIDDEN GLADE PLACE  
SANFORD FL 32771

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 998 Hamlet Drive  
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

1-4-01

407-324-8505

CR2E034 (10/00)