


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90137 027 ***150.00

DOCUMENT # S48916

1. Entity Name
EKBERG ENTERPRISES, INC.



Principal Place of Business
**2290 E. AIRPORT BLVD
SANFORD FL 32771
US**

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



2. Principal Place of Business
200 North Star Ct.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sanford, FL

City & State

Zip
32771

Country
US

CHECK HERE IF MAKING CHANGES

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 **EKberg, Daniel**
Street Address (P.O. Box Number is Not Acceptable)
8407 River Branch PL
City **Sanford, FL** Zip Code **32771**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE VP	NAME EKBERG, JEANETTE	<input type="checkbox"/> Delete
STREET ADDRESS 6888 HIDDEN GLADE PLACE	CITY-ST-ZIP SANFORD FL	
TITLE VP	NAME EKBERG, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS 6888 HIDDEN GLADE PLACE	CITY-ST-ZIP SANFORD FL	
TITLE VP	NAME DEWESE, RAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2715 COVENTRY LANE	CITY-ST-ZIP OCOOE FL	
TITLE VP	NAME BRINSON, RAYMOND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 998 HAMLET DR	CITY-ST-ZIP MAITLAND FL 32751	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS	NAME EKberg, Jeanette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8407 River Branch Place	CITY-ST-ZIP Sanford, FL 32771	
TITLE PT	NAME EKberg, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8407 River Branch Place	CITY-ST-ZIP Sanford, FL 32771	
TITLE MVP	NAME Hornsby, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 160 N. 4th St.	CITY-ST-ZIP Lake Mary, FL 32746	
TITLE MVP	NAME Digman, Garrett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2511 River tree Cr.	CITY-ST-ZIP Sanford, FL 32771	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 Daniel A. EKberg** 4-14-03 407-324-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)