

# 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 NorthStar Ct.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sanford, FL**

City & State

4. FEI Number **59-3090311**

Applied For  
Not Applicable

Zip  
**32771**

Country  
**US**

Zip

Country

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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

TITLE **VPS** ☒ Change ☐ Addition  
NAME **EKberg, Jeanette**  
STREET ADDRESS **8407 River Branch Place**  
CITY-ST-ZIP **Sanford, FL 32771**

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

TITLE **PT** ☒ Change ☐ Addition  
NAME **EKberg, Daniel**  
STREET ADDRESS **8407 River Branch Place**  
CITY-ST-ZIP **Sanford, FL 32771**

TITLE **VP** ☒ Delete  
NAME **DEWEESE, RAY**  
STREET ADDRESS **2715 COVENTRY LANE**  
CITY-ST-ZIP **OCOCHEE FL**

TITLE **MVP** ☐ Change ☒ Addition  
NAME **Hornsby, David**  
STREET ADDRESS **160 N. 4th St.**  
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **VP** ☒ Delete  
NAME **BRINSON, RAYMOND**  
STREET ADDRESS **998 HAMLET DR**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **MVP** ☐ Change ☒ Addition  
NAME **Digman, Garrett**  
STREET ADDRESS **2511 River tree Cr.**  
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
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)