2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S67392 **DOCUMENT #**

1. Entity Name

EBB BUILDING CORPORATION



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90828 013 ***158.75

			- WE				
Principal Pla POST OFFICI NAPLES FL 3		Mailing Address POST OFFICE BOX 10301 NAPLES FL 33941-0301	1				11811 1181 1 1 88 1
2. Principal	Place of Business	3. Mailing Address	10301		HEET HAAR BIDAN (1961)		Maia Junii (Bei
Suite, Apt	·	Suite, Apt. #, etc.		CHECK HERE	IF MAKING C	HANGES	}
City & Sta Zip	ples Florida	City & State NA Ples	Florida.	4. FEI Number 65-0448477		N	lot Applicable
<u>_34/</u>	O/Country	3410/	Country	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New F	Registered Ag	ent	
		Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
	irn, Edward Bernard, Jr.		Street Addres	ss (P.O. Box Number is Not Acceptable			
	/EL LANE #104		0.0007.100100	20 (1.0. Dox Humbor is Not Acceptable			
NAPLES F	FL 33942			,			
			City		FI	Zip Cod	de
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent or both in the State of Ele		سنائي سنائي	
· the obligation	tions of registered agent.	. The perpose of origing to	registered office of regis	stered agent, or both, in the state of Fit	onua. Fanilian	mar with,	, and accept
CIONATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating)	DATE		
F	ILE NOW!!! FEE (\$ \$150.00						
	r May 1, 2003 Fee will be 6550.00			9. Election Campaign Fir	nancing	\$5.0)0 May Be
Make Check	Payable to Florida Department o	f State		Trust Fund Contribution	n. 🔲	Adde	d to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO DEE	ICERS AND DI	PECTOR	Q IN 11
TITLE	PD	☐ Delete		Tiobilitor of Minded to off			
NAME	BLACKBURN, EDWARD B., JR		NAME		_	_ anange	
STREET ADDRESS	7701 JEWEL LANE #104		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP				
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address w	wered to execute this report a	y signature shall have the				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR