

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90172 006 ***150.00

DOCUMENT # F94000006340

1. Entity Name

EF ASSOCIATES, INC.

Principal Place of Business

**15148 ANCHORAGE WAY
 FT. MYERS FL 33908-1811**

Mailing Address

~~15148 ANCHORAGE WAY~~
FT. MYERS FL 33908-1811

713995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15751 White Island DR
 Suite, Apt. #, etc.

3. Mailing Address

15751 White Island DR
 Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Ft. Myers, FL

4. FEI Number **36-3173014**

Applied For

Not Applicable

Zip

33908

Country

Lee

Zip

33908

Country

33908

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORTE, EARL A

~~15148 ANCHORAGE WAY~~ **15751 White Island DR.**
FT. MYERS FL 33908-1811.

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FORTE, EARL A	
STREET ADDRESS	15148 ANCHORAGE WAY	
CITY-ST-ZIP	FT. MYERS FL 33908-1811	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORTE, JUDITH ANN	
STREET ADDRESS	15148 ANCHORAGE WAY	
CITY-ST-ZIP	FT. MYERS FL 33908-1811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-8-01

Date

941/433-0847

Daytime Phone #

CR2E034 (10/00)