

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90031 001 ***550.00
07-13-2000 90031 002 *****8.75

DOCUMENT # M59591

1. Entity Name

E & B ASSOCIATES INC.

Principal Place of Business

1960 VELASCO ST.
J3
FT. MYERS FL 33916
US

Mailing Address

1960 VALASCO ST
UNIT #J3
FT MYERS FL 33916-2761

2. Principal Place of Business

Bryson Ins Agency

3. Mailing Address

S. A. A

Suite, Apt. #, etc.

1960 Velasco St

Suite, Apt. #, etc.

J3

City & State

ft. Myers

City & State

FL

4. FEI Number

65-0012551 NOT APPLICABLE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33916

Country

Lee

Zip

33916

Country

Lee

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

BEVERLY BRYSON
706 EDISON AVE
LEHIGH ACRES FL 33936

Name
Beverly Bryson

Street Address (P.O. Box Number is Not Acceptable)

1960 Velasco St J3

ft. Myers, FL

City

FL

Zip Code

33916

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BRYSON, BEVERLY E.	
STREET ADDRESS	706 EDISON AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYSON, EMMIT JR.	
STREET ADDRESS	706 EDISON AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
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		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryson, Beverly E.	
STREET ADDRESS	706 Edison Ave	
CITY-ST-ZIP	Lehigh, FL 33936	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryson, Emmet Jr.	
STREET ADDRESS	706 Edison Ave.	
CITY-ST-ZIP	Lehigh, FL 33936	
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		
STREET ADDRESS		
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

4-25-00

Date

941-337-7115

Daytime Phone #

CR2E034 (9/99)