2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90142 047 ***150.00

DOCUMENT #, M59591

1. Entity Name
E & B ASSOCIATES INC.

Principal Place of Business	Mailing Address
BRYSON INSURANCE AGENCY 1960 VELASCO STREET FT. MYERS FL 33916 US	1960 VALASCO ST UNIT #J3 FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1960 Velasco St	
Suite, Apt. #, etc.: J3	Suite, Apt. #, etc.: Same as Stated
City & State: Ft. Myers FL	City & State:
Zip: 33916 Country: USA	Zip: Country:

4. FEI Number 65-0012251 ☐ Applied For ☐ Not Applicable

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 1960 VELASCO STREET J3 FORT MYERS FL 33916	Name: Beverly Bryson Street Address (P.O. Box Number is Not Acceptable): 706 Edison Ave City: Lehigh Zip Code: 33936

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: B Bryson B. Bryson
Signature, type 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRYSON, BEVERLY E. 706 EDISON AVE LEHIGH FL 33936	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRYSON, EMMIT JR. 706 EDISON AVE LEHIGH FL 33936	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: B Bryson B Bryson 3/29/01 941 337-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #