2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90657 005 ***150.00

DOCUMENT # M59591

1. Entity Name
E & B ASSOCIATES INC.

Principal Place of Business	Mailing Address
1960 VELASCO STREET	1960 VELASCO STREET
J3	J3
FT. MYERS FL 33916	FT. MYERS FL 33916
US	US

2. Principal Place of Business	3. Mailing Address
1960 Velasco St	
Suite, Apt # etc J3	Suite, Apt. # etc. S.A.A
City & State Ft. Myers FL	City & State
Zip 33916 Country LEE	Zip Country

☐ CHECK HERE IF MAKING CHANGES

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	Name Beverly Bryson
706 ADISON AVENUE	Street Address (P.O. Box Number is Not Acceptable) 706 Edison Ave
FORT MYERS FL 33916	Fort Myers, FL.
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE B Bryson
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRYSON, BEVERLY E. 706 EDISON AVE LEHIGH FL 33936 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRYSON, EMMIT JR. 706 EDISON AVE LEHIGH FL 33936 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: B Bryson SIGNATURE REQUIRED 239-337-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #