

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90139 018 ***150.00

0502459 AV

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1. Entity Name
E3 & COMPANY

Principal Place of Business
**13418 FOUNTAINBLEAU DRIVE
CLERMONT FL 34711**

Mailing Address
**13418 FOUNTAINBLEAU DRIVE
CLERMONT FL 34711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR
59-3766060**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELIJAH, ELENA L
13418 FOUNTAINBLEAU DRIVE
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ELIJAH, EVERARD A | <input type="checkbox"/> | NAME | <input type="checkbox"/> |
| STREET ADDRESS 13418 FOUNTAINBLEAU DRIVE | <input type="checkbox"/> | STREET ADDRESS | <input type="checkbox"/> |
| CITY-ST-ZIP CLERMONT FL 34711 | <input type="checkbox"/> | CITY-ST-ZIP | <input type="checkbox"/> |
| TITLE | <input type="checkbox"/> | TITLE | <input type="checkbox"/> |
| NAME ELIJAH, ELENA | <input type="checkbox"/> | NAME | <input type="checkbox"/> |
| STREET ADDRESS 13418 FOUNTAINBLEAU DRIVE | <input type="checkbox"/> | STREET ADDRESS | <input type="checkbox"/> |
| CITY-ST-ZIP CLERMONT FL 34711 | <input type="checkbox"/> | CITY-ST-ZIP | <input type="checkbox"/> |
| TITLE | <input type="checkbox"/> | TITLE | <input type="checkbox"/> |
| NAME | <input type="checkbox"/> | NAME | <input type="checkbox"/> |
| STREET ADDRESS | <input type="checkbox"/> | STREET ADDRESS | <input type="checkbox"/> |
| CITY-ST-ZIP | <input type="checkbox"/> | CITY-ST-ZIP | <input type="checkbox"/> |
| TITLE | <input type="checkbox"/> | TITLE | <input type="checkbox"/> |
| NAME | <input type="checkbox"/> | NAME | <input type="checkbox"/> |
| STREET ADDRESS | <input type="checkbox"/> | STREET ADDRESS | <input type="checkbox"/> |
| CITY-ST-ZIP | <input type="checkbox"/> | CITY-ST-ZIP | <input type="checkbox"/> |
| TITLE | <input type="checkbox"/> | TITLE | <input type="checkbox"/> |
| NAME | <input type="checkbox"/> | NAME | <input type="checkbox"/> |
| STREET ADDRESS | <input type="checkbox"/> | STREET ADDRESS | <input type="checkbox"/> |
| CITY-ST-ZIP | <input type="checkbox"/> | CITY-ST-ZIP | <input type="checkbox"/> |

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 03

Date

4076546764

Daytime Phone #

CR2E034 (10/02)