

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023728 AF

**DOCUMENT #** L00000005365  
**1. Entity Name**  
 P & C EDEN, LLC

FILED  
 01 JUN -7 PM 3:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 4330 SE BAYSHORE TERRACE  
 STUART FL 34997

**Mailing Address**  
 4330 SE BAYSHORE TERRACE  
 STUART FL 34997



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 2389 S.E. DIXIE Hwy.  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 SAME  
 Suite, Apt. #, etc. SAME

**City & State**  
 STUART, FL

**City & State**  
 SAME

**4. FEI Number**  
 65-0590486  Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**Zip** 34996 **Country** USA **Zip** SAME **Country** SAME

**6. Name and Address of Current Registered Agent**  
 BRECHBILL, MARK E CPA  
 506 SOUTH FEDERAL HWY  
 SUITE 202  
 STUART FL 34994

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CAROL N. EDEN 4330 SE BAY SHORE TERR. STUART, FL. 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres PAUL B. EDEN 4330 SE BAY SHORE TER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004420345-8 -06/14/01--01091--009 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Carol N. Eden* CAROL N. EDEN 4/26/01 561-283-0094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)