

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000009323

1. Entity Name
HARDEN & ASSOCIATES EBD, LLC

Principal Place of Business 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204	Mailing Address 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address P.O. BOX 2286 Suite, Apt. #, etc. City & State
JACKSONVILLE FL	JACKSONVILLE FL

4. FEI Number **59-3636999** Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
32203		32203	

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

6. Name and Address of Current Registered Agent
LUNETTA PAUL
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent
 Name **LUNETTA PAUL J**
 Street Address (P.O. Box Number is Not Acceptable) **806 RIVERSIDE AVENUE**
 City **JACKSONVILLE FL** Zip Code **32204**

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 **PAUL J. LUNETTA** DATE **04/16/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON FRED C 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGEL WILLIAM R 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNETTA PAUL J 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDEN M CHH 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIUSTI LAWRENCE G 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAISON TERRY B 806 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Paul J. Lunetta** MGRM 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)