

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009323

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: HARDEN & ASSOCIATES EBD, LLC

Current Principal Place of Business:

806 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2286
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3636999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNETTA, PAUL J
806 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VOGEL, WILLIAM R
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: JACKSON, FRED C
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: LUNETTA, PAUL J
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: FAISON, TERRY B
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: GIUSTI, LAWRENCE G
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: HARDEN, M C III
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date