

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 12, 2000 8:00 am
Secretary of State

04-19-2000 90010 022 ****70.00

DOCUMENT # N98000006353

1. Entity Name

ECONOMIC DEVELOPMENT ETERNAL NETWORKING, INC.

Principal Place of Business

Mailing Address

25796 SW 123RD AVE
 NARANJA FL 33032

25796 SW 123RD AVE
 NARANJA FL 33032-7086

2. Principal Place of Business

3. Mailing Address

25121 SW 120 PL

25121 SW 120 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PRINCETON, FL

PRINCETON, FL

Zip

Country

Zip

Country

33032 USA

33032 USA

USA

4. FEI Number

65-0878749

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROACH, ROBERT L
 25796 SW 123RD AVE
 NARANJA FL 33032

Name **KENTWARD C. FORBES**

Street Address (P.O. Box Number is Not Acceptable)

25121 SW 120 PL

City **PRINCETON**

FL

Zip Code **33032**

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 **KENTWARD C. FORBES**
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

4/27/2000
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ROACH, ROBERT L**
 STREET ADDRESS **25796 SW 123RD AVE**
 CITY-ST-ZIP **NARANJA FL 33032**

TITLE **PD** Change Addition
 NAME **TREVOR D. FORBES**
 STREET ADDRESS **20520 NW 15 AVE #119**
 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **SD** Delete
 NAME **GASKINS, EVELYNA**
 STREET ADDRESS **25796 SW 123RD AVE**
 CITY-ST-ZIP **NARANJA FL 33032**

TITLE **SD** Change Addition
 NAME **TIFFANY R. JONES**
 STREET ADDRESS **20520 N.W. 15 AVE #119**
 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **TD** Delete
 NAME **FORBES, PATRICIA**
 STREET ADDRESS **1211 H SOUTH IND DR**
 CITY-ST-ZIP **HOMESTEAD FL 33034**

TITLE **VPD** Change Addition
 NAME **KENTWARD FORBES**
 STREET ADDRESS **25121 SW 120 PLACE**
 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 (305) 258-2587
 Date Daytime Phone #

CR2E037 (9/99)