

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90114 034 ***150.00

DOCUMENT # 520053

1. Entity Name

THE EDDY CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

45 SETON TRAIL

Suite, Apt. #, etc.

3. Mailing Address

45 SETON TRAIL

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip 32176

Country

City & State

ORMOND BEACH FL

Zip

32176

Country

4. FEI Number

59-1708639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JEFFREY M. PONTIOUS

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

45 SETON TRAIL

City

ORMOND BEACH

FL

Zip Code

32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CVP
NAME	EDDY J. MICHAEL
STREET ADDRESS	45 SETON TRAIL
CITY-ST-ZIP	ORMOND BEACH FL. 32176
TITLE	PD
NAME	EDDY FRANK R. JR
STREET ADDRESS	585 OCEANSHORE BLVD
CITY-ST-ZIP	ORMOND BEACH FL. 32176
TITLE	TS
NAME	PONTIOUS JEFFREY M.
STREET ADDRESS	45 SETON TRAIL
CITY-ST-ZIP	ORMOND BEACH FL. 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  JEFFREY M. PONTIOUS 3/11/02 (386) 673-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)