

**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 <u>45 SETON TRAIL</u> Suite, Apt. #, etc.		3. Mailing Address <u>45 SETON TRAIL</u> Suite, Apt. #, etc.	
City & State <u>ORMOND BEACH FL</u>		City & State <u>ORMOND BEACH FL</u>	
Zip <u>32176</u>	Country	Zip <u>32176</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-1708639</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CVP</u> <u>EDDY J. MICHAEL</u> <u>45 SETON TRAIL</u> <u>ORMOND BEACH FL. 32176</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>EDDY FRANK R. JR</u> <u>585 OCEANSHORE BLVD</u> <u>ORMOND BEACH FL. 32176</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TS</u> <u>PONTIOUS JEFFREY M.</u> <u>45 SETON TRAIL</u> <u>ORMOND BEACH FL. 32176</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 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)