

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90069 001 \*\*\*150.00  
01-22-2003 90069 002 \*\*\*\*\*8.75

**DOCUMENT # 818703**

1. Entity Name  
**AIDEN INC**



Principal Place of Business  
**C/O HENRY V. HOWLEY**  
**1141 S. OCEAN BLVD.**  
**DELRAY BEACH FL 33483**

Mailing Address  
**C/O HENRY V. HOWLEY**  
**1141 S. OCEAN BLVD.**  
**DELRAY BEACH FL 33483**



2. Principal Place of Business  
**C/O Geraldine Howley**

3. Mailing Address  
**C/O Geraldine Howley**

Suite, Apt. #, etc.  
**1141 S. Ocean Blvd.**

Suite, Apt. #, etc.  
**1141 S. Ocean Blvd.**

City & State  
**Delray Beach FL 33483**

City & State  
**Delray Beach FL 33483**

4. FEI Number **13-1885918**

Applied For  
Not Applicable

Zip Country  
**33483 Palm Beach**

Zip Country  
**33483 Palm Beach**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWLEY, HENRY V**  
**1141 SO OCEAN BLVD**  
**DELRAY BCH FL 33483**

Name  
**Geraldine Howley**  
Street Address (P.O. Box Number is Not Acceptable)  
**1141 S. Ocean Blvd.**  
City  
**Delray Beach FL** Zip Code  
**33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Geraldine Howley**

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

(NOTE: Registered Agent signature required when reinstating)

**1-6-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
**HOWLEY, HENRY V** ☐ Delete  
**1141 S. OCEAN BLVD.**  
**DELRAY BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD** ☒ Change ☐ Addition  
**Geraldine Howley**  
**1141 S. Ocean Blvd.**  
**Delray Beach FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS** ☐ Delete  
**HOWLEY, GERALDINE**  
**1141 S. OCEAN BLVD.S**  
**DELRAY BCH. FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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CITY-ST-ZIP  
☐ Delete

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

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 607, 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:

**Geraldine Howley** **1/6/03** **561-272-3111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/02)