

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90169 002 ***150.00

DOCUMENT # F01000000749

1. Entity Name

EIM RESOURCES, INC.

Principal Place of Business

1790 FOREST POND LANE
ROSWELL GA 30075

Mailing Address

1790 FOREST POND LANE
ROSWELL GA 30075

2. Principal Place of Business

SWEETS FROM HEAVEN
Suite, Apt. #, etc. Space 243
12801 SUNRISE BLVD.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

58-2419836

Applied For

Not Applicable

Zip

33323

Country

US

Zip

33323

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD
NAME MEREDITH, ROBERT F
STREET ADDRESS 1790 FOREST POND LANE
CITY-ST-ZIP ROSWELL GA 30075 ☐ Delete

TITLE VD
NAME MEREDITH, ALONZO B
STREET ADDRESS 1530 BAINBRIDGE LANE
CITY-ST-ZIP ROSWELL GA 30075 ☐ Delete

TITLE SCD
NAME MEREDITH, PATRICIA C
STREET ADDRESS 1790 FOREST POND LANE
CITY-ST-ZIP ROSWELL GA 30075 ☐ Delete

TITLE D
NAME BINGEMAN, LARA
STREET ADDRESS 1790 FOREST POND LANE
CITY-ST-ZIP ROSWELL GA 30075 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia C. Meredith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 770-594-0097
Date Daytime Phone #

CR2E034 (9/01)