

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90057 033 ***150.00

0613782

DOCUMENT # F99000000382

1. Entity Name
EDENTOWN COMPANY, N.V.

Principal Place of Business Mailing Address
110 E HILLCREST RD 110 E HILLCREST RD
ORLANDO FL 32801 ORLANDO FL 32801

BU028218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2023782** Applied For
 Not Applicable

Zip Country Zip Country 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

KREUTER, WILLIAM E ESO
~~**640 HIGHLAND AVE**~~
~~**ORLANDO FL 32803**~~

(New Address) →

Name
 Street Address (P.O. Box Number is Not Acceptable)
3117 Edgewater Drive
 City **Orlando** FL Zip Code **32804**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRJNS, S.H.P.		NAME		
STREET ADDRESS	DE RUYTERKADE 62		STREET ADDRESS		
CITY-ST-ZIP	CURACAO NETHERLANDS ANTILLES		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDELLATIF, K.A.		NAME		
STREET ADDRESS	DE RUYTERKADE 62		STREET ADDRESS		
CITY-ST-ZIP	CURACAO NETHERLANDS ANTILLES		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTRILL, CHRISTOPHER L		NAME	Cottrill, Christopher L	
STREET ADDRESS	110 E. HILLCREST ST		STREET ADDRESS	110 E. Hillcrest St.	
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.L. Cottrill

Date

Daytime Phone #

407-843-1681

CR2E034 (10/00)