

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009049

1. Entity Name

EVE'S GARDEN AND GIFTS, L.L.C.

FILED

01 APR 27 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

225 N.W. HOLLYWOOD
FORT WALTON BEACH FL 32548

Mailing Address

P.O. BOX 807
FORT WALTON BEACH FL 32549

2. Principal Place of Business

149 Hollywood Blvd. N.E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ft. Walton Beach, FL.

City & State

City & State

Zip

32548

Country

USA

Zip

Country

4. FEI Number

59-3667747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDMISTON, GEORGIA R
225 N.W. HOLLYWOOD
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME HOLLADAY, LAURA G
STREET ADDRESS 225 N.W. HOLLYWOOD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE MGR ☐ Delete
NAME LITTLE, CATHERINE E
STREET ADDRESS 225 N.W. HOLLYWOOD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE MGR ☐ Delete
NAME EDMISTON, GEORGIA R
STREET ADDRESS 225 N.W. HOLLYWOOD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Georgia Edmiston Georgia Edmiston

4/24/01

850-243-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)