

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000009323**1. Entity Name
HARDEN & ASSOCIATES EBD, LLCPrincipal Place of Business
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
Mailing Address
806 RIVERSIDE AVENUE
JACKSONVILLE FL 322042. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
P.O. BOX 2286
Suite, Apt. #, etc.
City & State
Zip
Country
JACKSONVILLE FL 322034. FEI Number
59-3636999
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LUNETTA PAUL
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
7. Name and Address of New Registered Agent
Name
LUNETTA PAUL J
Street Address (P.O. Box Number is Not Acceptable)
806 RIVERSIDE AVENUE
City
JACKSONVILLE FL Zip Code
32204

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 **PAUL J. LUNETTA** 04/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State9. MANAGING MEMBERS / MEMBERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
10. ADDITIONS / CHANGES
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
MGRM JACKSON FRED C
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
MGRM VOGEL WILLIAM R
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
MGRM LUNETTA PAUL J
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
MGRM HARDEN M CHH
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
MGRM GIUSTI LAWRENCE G
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
MGRM FAISON TERRY B
806 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

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: **Paul J. Lunetta** MGRM 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)