

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009323

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: HARDEN & ASSOCIATES EBD, LLC

## Current Principal Place of Business:

806 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2286  
JACKSONVILLE, FL 32203

## New Mailing Address:

FEI Number: 59-3636999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUNETTA, PAUL J  
806 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: VOGEL, WILLIAM R  
Address: 806 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: JACKSON, FRED C  
Address: 806 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: LUNETTA, PAUL J  
Address: 806 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: FAISON, TERRY B  
Address: 806 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: GIUSTI, LAWRENCE G  
Address: 806 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: HARDEN, M C III  
Address: 806 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date