

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016050

1. Entity Name

ETERNAL INVESTMENTS, LLC

FILED

01 FEB 14 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

233 Prestwick Drive
DAVENPORT, FL 33837

Mailing Address

11244 3rd Ave GULF
Marathon, FL 33050

2. Principal Place of Business

233 Prestwick Drive

3. Mailing Address

Suite, Apt. #, etc.
11244 3rd Ave GULF

DO NOT WRITE IN THIS SPACE

City & State

DAVENPORT FL

City & State

Marathon, FL

4. FEI Number

65-1064653

Applied For

Not Applicable

Zip

33837

Country

U.S.

Zip

33050

Country

U.S.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAYLE V. WASHINGTON
11244 3rd Ave G.
Marathon, FL 33050

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

Gayle V. Washington
Signature, typed or printed name of registered agent and title if applicable.

GAYLE V. WASHINGTON

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MANAGER
NAME DAVID E. WASHINGTON
STREET ADDRESS 11244 3rd Ave GULF
CITY-ST-ZIP Marathon, FL 33050 ☐ Delete

TITLE MANAGER
NAME GAYLE V. WASHINGTON
STREET ADDRESS 11244 3rd Ave GULF
CITY-ST-ZIP Marathon, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800003709128-00 ☐ Change ☐ Addition
-02/19/01--01031--007
*****50.00 *****50.00

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

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

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

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

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:

David Washington
David Washington

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

2/11/01

Date

305-743-6915

Daytime Phone #

CR2E083 (11/00)