

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90163 029 \*\*\*150.00

DOCUMENT # **M94201**

1. Entity Name  
~~EILEEN BOOTH, INC.~~ **Eileen's Inc.**



Principal Place of Business  
**5850 SHIRLEY STREET  
# 101  
NAPLES FL 34109  
US**

Mailing Address  
**5850 SHIRLEY STREET  
# 101  
NAPLES FL 34109  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0071293**

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

~~BOOTH, EILEEN  
881 103RD AVENUE, UNIT #8  
NAPLES FL 34108~~

Name **WALL, EILEEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**5850 SHIRLEY STREET  
# 101**  
City **NAPLES** FL Zip Code **34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Eileen Wall*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<b>P</b>	<del>BOOTH, EILEEN</del> <b>WALL EILEEN</b>	<del>881 103RD AVENUE</del> <b>5850 SHIRLEY STREET</b>	<b>NAPLES FL 34109</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>PRESIDENT</b>	<b>WALL, EILEEN</b>	<b>5850 SHIRLEY STREET #101</b>	<b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VICE-PRESIDENT</b>	<b>WALL, LARRY W.</b>	<b>5850 SHIRLEY STREET #101</b>	<b>NAPLES, FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eileen Wall* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)