2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M95362						F]		).04		
ELDO INVESTORS, INC.						Feb 22, 2000 8:00 am Secretary of State 02-22-2000 90017 032 ***150.00				
					1	02-22-2000 \$	90017 032 **	***150.	00	
Principal Place of Business 8506 BAY HILL BLVD.		Mailing Address 8506 BAY HILL BLVD.			t					
orlando fl 3 Us	12819	orlando FL 32819-4963 US				6007	29109			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 59-2918921 Applied For Not Applicable					
Zip	Country	Zip	Coun	try	5. Certificat	e of Status Desired		75 Ado Require	litional	
	6. Name and Address of Current	Registered Agent	L		7. Name an	d Address of New R	egistered Ager	nt		
MCLARRY, GEORGE C. 301 N. FERNCREEK AVE ORLANDO FL 32803				Name Street Address (	P.O. Box Numt	RENE Der is Not Acceptable 11116	.vo.			
				City Oels	5400	•	FL		P19	
8. The above	named entity eutomits this statement fo	or the purpose of changing its	registere	ed office or register	red agent, or b	oth, in the State of Flo	rida.	_		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Ken E: Registere	d Agent signature required		DIRECTOR	DATE	100		
Tax filing r	pration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW After MAY 1, 20 Make Check Payat	00 Fee	will be \$550.00	[ τ	lection Campaign Fin rust Fund Contribution			0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12,	·	ADDITIONS	CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mestdagh, Rene 8506 Bay Hill Blvd. Orlando, Fl 32819	Delete		-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	a the mathematical state of the	Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAMI STRE					Change	Addition	
TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	C Delete	TITLE					Change	Addition	
CITY-ST-ZIP Title		Delete	CITY	-ST-ZIP	<u> </u>			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	;			E ET ADDRESS - ST- ZIP						
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee amp or on an attachment with an address.	s true and accurate and that r ewered to execute this report	ny signat as requir	ture shall have the	same legal effe	ct as if made under o	ath; that I am a	n officer	or director	
SIGNAT		PRINTED NAME OF SIGNING OFFICER	OR DIRECT	RENE	MESTO	Date 2/10/	100 (40-	) 87 Phone *	<u> 6.2139</u>	

معلى