

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N98000006353

1. Entity Name

ECONOMIC DEVELOPMENT ETERNAL NETWORKING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-19-2000 90010 022 ****70.00

Principal Place of Business

25796 SW 123RD AVE
NARANJA FL 33032

Mailing Address

25796 SW 123RD AVE
NARANJA FL 33032-7086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0878749

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROACH, ROBERT L
25796 SW 123RD AVE
NARANJA FL 33032

Name

KENTWARD C. FORBES

Street Address (P.O. Box Number is Not Acceptable)

25121 SW 120 PL

City

PRINCETON

FL

Zip Code

33032

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

KENTWARD C. FORBES

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

(NOTE: Registered Agent signature required when reinstating)

4/27/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROACH, ROBERT L	
STREET ADDRESS	25796 SW 123RD AVE	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GASKINS, EVELYNA	
STREET ADDRESS	25796 SW 123RD AVE	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORBES, PATRICIA	
STREET ADDRESS	1211 H SOUTH IND DR	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREVOR D. FORBES	
STREET ADDRESS	20520 NW 15 AVE #119	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIFFANY R. JONES	
STREET ADDRESS	20520 N.W. 15 AVE #119	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENTWARD FORBES	
STREET ADDRESS	25121 SW 120 PLACE	
CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

KENTWARD C. FORBES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

(305) 258-2587

Daytime Phone #

CR2E037 (9/99)