

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017713

1. Entity Name

GARLEN INVESTMENTS AND MANAGEMENT, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90400 013 ***150.00

Principal Place of Business 826 ANDALUSIA BLVD. CAPE CORAL FL 33909	Mailing Address 826 ANDALUSIA BLVD. CAPE CORAL FL 33909
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 441 Del Prado N #8 Suite, Apt. #, etc. #8 City & State Cape Coral, FL Zip 33909 Country USA	3. Mailing Address 441 Del Prado N Suite, Apt. #, etc. #8 City & State Cape Coral, FL Zip 33909 Country USA
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4. FEI Number 650983534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDY, WILLIAM T ESQ.
201 NICHOLAS PARKWAY WEST
CAPE CORAL FL 33991

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, LAURIE 826 ANDALUSIA BLVD. CAPE CORAL FL 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurie Harper 4/29/01 (941) 772-4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment 844538 / Doc# P00000017713

441 Del Prado N #8
Cape Coral, FL 33909
May 1, 2001

Division of Corporations
Uniform Business Report Filings
P.O. box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

We have recently moved and our mail has gone through a long forwarding process. Please excuse the tardiness of this payment.

Laurie Harper
Garlen Investments & Managment Inc.