

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90045 026 ***150.00

DOCUMENT # P00000050544

1. Entity Name
ALGENIB EADENS, PA.

Principal Place of Business
1247 BRANDY LAKE VIEW CIRCLE
WINTER GARDEN FL 34787

Mailing Address
1247 BRANDY LAKE VIEW CIRCLE
WINTER GARDEN FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1247 Brandy Lake Suite, Apt. #, etc. View Circ. City & State Winter Garden FL Zip 34787 Country USA		3. Mailing Address 1247 Brandy Suite, Apt. #, etc. Lake View Circ. City & State Winter Garden FL Zip 34787 Country USA	
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4. FEI Number **59-3648942** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EADENS, ALGENIB
1247 BRANDY LAKE VIEW CIRCLE
WINTER GARDEN FL 34787

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADENS, ALGENIB		NAME		
STREET ADDRESS	1247 BRANDY LAKE VIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JUAN		NAME		
STREET ADDRESS	1247 BRANDY LAKE VIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Algenib Eadens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

407222 9174

CR2E034 (9/01)