

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000013821

FILED  
May 01, 2003  
Secretary of State

Entity Name: EDEN MARINE, INC.

## Current Principal Place of Business:

800 PALM TRAIL PLAZA  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

16 ANDREWS AVE  
8  
DELRAY BEACH, FL 33483

## Current Mailing Address:

800 PALM TRAIL PLAZA  
DELRAY BEACH, FL 33483

## New Mailing Address:

100 NORTH OCEAN BLVD.  
103  
DELRAY BEACH, FL 33483

FEI Number: 65-1089450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASALE, GAIL  
800 PALM TRAIL PLAZA  
DELRAY BEACH, FL 33483

## Name and Address of New Registered Agent:

CASALE, GAIL  
16 ANDREWS AVE  
DELRAY BEACH, FL 33483

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:

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS ( ) Delete  
Name: GAIL, CASALE  
Address: 100 NORTH OCEAN BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: CASALE, GAIL  
Address: 100 NORTH OCEAN BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: PRES ( ) Change (X) Addition  
Name: LEWIS, GRAHAM M  
Address: 555 SOUTH SAN RAPHAEL AVE  
City-St-Zip: PASADENA, CA US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CASALE

VP

05/01/2003

Electronic Signature of Signing Officer or Director

Date