

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0110176 AV

DOCUMENT # P01000065598

1. Entity Name

EDEN SITE DEVELOPMENT, INC.

01-21-2002 90056 032 ***150.00

Principal Place of Business

**7853 MALLORCA CT
 ORLANDO FL 32836**

Mailing Address

**7853 MALLORCA CT
 ORLANDO FL 32836**



2. Principal Place of Business

107 CONCORD DRIVE

3. Mailing Address

107 CONCORD DRIVE

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

D

DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

4. FEI Number

593729553

Applied For

☐ Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRUMER, BARRY N ESQ
 5728 MAJOR BLVD SUITE 311
 ORLANDO FL 32819**

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

TITLE **P** ☐ Delete
 NAME **GUCAILO, MARYON**
 STREET ADDRESS **7853 MALLORCA CT**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **V** ☐ Delete
 NAME **GUCAILO, ANDRE**
 STREET ADDRESS **7853 MALLORCA CT**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **ST** ☐ Delete
 NAME **COPLEY, DOUGLAS**
 STREET ADDRESS **7853 MALLORCA CT**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
 NAME **GUCAILO, ANDRE**
 STREET ADDRESS **3675 DERBYSHIRE RD APT. 215**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **ST** ☒ Change ☐ Addition
 NAME **COPLEY, DOUGLAS**
 STREET ADDRESS **2646 BROOKSIDE CT**
 CITY-ST-ZIP **MAITLAND, FL 32752**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *André Gucaïlo* **GUCAILO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02

Date

407-2651113

Daytime Phone #

CR2E034 (9/01)