

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90188 014 ***150.00

DOCUMENT # P01000070207



1. Entity Name
EDEN MARTIN, INC.

Principal Place of Business
4405 SAN JOSE BLVD.
JACKSONVILLE FL 32207

Mailing Address
4405 SAN JOSE BLVD.
JACKSONVILLE FL 32207

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 **59-3733068**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, EDEN
4405 SAN JOSE BLVD.
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, EDEN E DIRECTO	
STREET ADDRESS	4405 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	C	<input type="checkbox"/> Delete
NAME	MARTIN, EDEN E CHAIR	
STREET ADDRESS	4405 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, EDEN E SEC	
STREET ADDRESS	4405 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, EDEN E PRES	
STREET ADDRESS	4405 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, EDEN E VP	
STREET ADDRESS	4405 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, EDEN E TREAS	
STREET ADDRESS	4405 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: EDEN MARTIN **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.03 (904) 405-1796
Date Daytime Phone #

CR2E034 (10/02)