2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000070207

1. Entity Name

EDEN MARTIN, INC.



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

04-16-2003 90188 014 ***150.00

				•		OD WE									
Principal Place of Business 4405 SAN JOSE BLVD.			Mailing Address 4405 SAN JOSE BLVD.												
JACKSONVILLE	FL 32207		JACKS	ONVILLE FL 32207											
2. Principal Place of Business				3. Mailing Address					 						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City & State				4.	4. FEI Number 59-3733068					Applied For Not Applicable		
Zip Country			Zip	Zip Country			5.	Certificat	te of Status	Desired			75 Add		1
6. Name and Address of Current R				egistered Agent				7. Name and Address of New Registered Agent							1
			-	· · · · · · · · · · · · · · · · · · ·		Name					_				7
MARTIN, EDEN				Street Address				(P.O. Box Number is Not Acceptable)							1
	JOSE BLV										<u></u>				-
JACKSONVILLE FL 32207						City						. 1	Zip Code		$\frac{1}{2}$
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	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 .							· · · · · ·				D.47E				l
•		or printed name of registered agent a		icable. (NOT	.: Hegistere	d Agent signature	a required wher	reinstating)	40.		DATE			2.0	.
€ After	May 1, 200	I+FEE IS \$150:00 3 Fee will be \$550.00		° ° 194 4 2 ⊆ 44	*	ويخطيد	- • . وقصير مو.		lection Can rust Fund C	npaign Fir	-			0 May Be to Fees	1
	Payable to	Florida Department of													_
<u>10.</u>		OFFICERS AND I	DIRECTO		11.			DDITIONS	S/CHANGE	S TO OFF	ICERS A				ء ا
TITLE NAME	D Martini e	DEN E DIRECTO		☐ Delete	TITL							ا لبا	Change	☐ Addition	3
_	MARTIN, EDEN E DIRECTO ss 4405 SAN JOSE BOULEVARD					ET ADDRESS									7
CITY-ST-ZIP	JACKSONVILLE FL 32207			CITY		-ST-ZIP									Ę
TITLE	С			☐ Delete	TITLE								Change	☐ Addition	,0
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STREET ADDRESS CITY-ST-ZIP	4405 SAN JOSE BOULEVARD JACKSONVILLE FL 32207					-ST-ZIP									ł
TITLE	S			☐ Delete	TITLI	E							Change	Addition	1
NAME	MARTIN, EDEN E SEC			NAM		I									
STREET ADDRESS	SS 4405 SAN JOSE BOULEVARD JACKSONVILLE FL 32207		مستراي ا		STRE	ET ADDRESS - ST-ZIP	-				= .,,			· <u></u>	1_
TITLE	P	VILLE FL 32201		☐ Delete	TITL							. П	Change	[]] Addition	1
NAME	MARTIN, E	DEN E PRES		22 2000	NAM	· .						_	Ü	_	
STREET ADDRESS		JOSE BOULEVARD				ET ADDRESS									ļ
CITY-ST-ZIP	JACKSON	VILLE FL 32207			CITY	-ST-ZIP							-		4
TITLE	V	יחרון ביין		☐ Delete	TITLE	1						i	Change	Addition	}
NAME ' STREET ADDRESS	MARTIN, E	JOSE BOULEVARD			NAM STRE	ET ADDRESS									
CITY-ST-ZIP		VILLE FL 32207				-ST-ZIP									
TITLE	T			☐ Delete	TRTL	E							Change	☐ Addition	1
NAME		artin, eden e treas			NAM										
		JOSE BOULEVARD				ET ADORESS									
CITY-ST-ZIP JACKSONVILLE FL 32207 12. I hereby certify that the information supplied with the i				doos not avalify far		-ST-ZIP	d in Coatie	n 110 07/0	NG Elorida	Ctatutos	I further o	onetific al	at the :-	formation	$\frac{1}{2}$
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2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.03 (904)466.1794