

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-19-2002 90156 009 ***150.00

DOCUMENT # P01000074067

1. Entity Name
GARDEN OF BEADIN, INC.

Principal Place of Business
**950 SHALIMAR POINTE DRIVE
 SHALIMAR FL 32579**

Mailing Address
**950 SHALIMAR POINTE DRIVE
 SHALIMAR FL 32579**



2. Principal Place of Business

130 Perry Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL

City & State

4. FEI Number

59-3734252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET
 4TH FLOOR
 MIAMI FL 33145**

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 fee 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 **PSD** ☐ Delete
 NAME **HABEL, APRIL**
 STREET ADDRESS **950 SHALIMAR POINTE DRIVE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VTD** ☐ Delete
 NAME **HALL, BETH**
 STREET ADDRESS **950 SHALIMAR POINTE DRIVE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED April Habel

4-26-02 796-3262

Date

Daytime Phone #

CR2034 (9/01)