FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074067

1. Entity Name
GARDEN OF BEADIN, INC.

90137328

Principal Place of Business	Mailing Address
130 PERRY AVE. #C FORT WALTON BEACH, FL 32548	950 SHALIMAR POINTE DRIVE SHALIMAR, FL 32579

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
99 EGLIN PKWY.	18 SHALIMAR DR.
Suite, Apt. #, etc. 19	Suite, Apt. #, etc.
City & State FT. WALTON BEACH, FL	City & State SHALIMAR, FL
Zip 32548 Country U.S.	Zip 32579 Country U.S.

4. FEI Number 59-3734252 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	Name HABEL BUSINESS SERVICES, INC. Street Address (P.O. Box Number Is Not Acceptable) 16 SHALIMAR DRIVE City SHALIMAR FL Zip Code 32579

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 Evelyn A. Habel, President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HABEL, APRIL 950 SHALIMAR POINTE DRIVE SHALIMAR, FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18 SHALIMAR DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HALLA, BETH 950 SHALIMAR POINTE DRIVE SHALIMAR, FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition BETH HALL (CHANGE SPELLING) 309 PATRICIA LANE FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] President 5/15/03 850-609-3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
90137328
P01000074067

HABEL BUSINESS SERVICES, INC.
16 SHALIMAR DRIVE
SHALIMAR, FL 32579

PHONE: 850-651-4400
FAX: 850-651-6510

EMAIL:
HBS12@EARTHLINK.NET

Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

I am writing on behalf of my client, Garden of Beadin', Inc. It was just brought to my attention that they never received the Annual Report for their corporation. Under the circumstances, we are requesting a waiver of penalties and have enclosed a form that was downloaded from the website, along with a check for $150.00. We appreciate your consideration on this matter and ask that the enclosed report be filed with the Department of State.

Sincerely,

Evelyn Habel

Evelyn A. Habel, President
Habel Business Services, Inc.

5/15/2003