

FILED

03 JUN 23 PM 4:16

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112542			
1. Entity Name EDEN PLANTATION, INC.			
Principal Place of Business 8521 CYPRESS DR. SOUTH FT. MYERS, FL 33912		Mailing Address 8521 CYPRESS DR. SOUTH FT. MYERS, FL 33912	
3. Principal Place of Business		3. Mailing Address 36605 Central Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft Myers, FL	
Zip	Country	Zip	Country
33901		33901	
4. FEI Number 65-1157058		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 S. CLEVELAND AVE., STE. 107 FT. MYERS, FL 33907		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed in printed name of registered agent, and date if applicable. (NONE Registered Agent's signature required when appointing) DATE _____			
		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	P HALL, MORGAN 8521 CYPRESS DR. SOUTH FT. MYERS, FL 33912 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 as other I am empowered.			
SIGNATURE: 		6-6-03 (239) 482-3929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

06-11-03 01060 003 \$150.00

☐ CHECK HERE IF MAKING CHANGES

CR0204 (10/02)

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