

2025 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 02000002654**

1. Entity Name

E.O.S. Enterprises Inc



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 PM 2:21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 W. Sunrise Blvd

Suite, Apt. #, etc.

3. Mailing Address

900 W. Sunrise Blvd

Suite, Apt. #, etc.

REINSTATEMENT 05-06
DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

Zip

33311

Country

City & State

Ft. Lauderdale, FL

Zip

33311

Country

4. FEI Number

04-3594829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Eric Greene**

Street Address (P.O. Box Number is Not Acceptable)

900 W. Sunrise Blvd

City

Ft. Lauderdale

FL

Zip Code

33311

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **Pres/Sec**
NAME **Eric Greene**
STREET ADDRESS **900 W. Sunrise Blvd**
CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **500066686805
02/27/06--01013--006 **150.00**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP **300066686823
02/27/06--01013--007 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Greene

1/24/06

Date

561-716-6024

Daytime Phone #

CR2E034B (12/02)

E.D.S. Enterprises, Inc.
2731 NW 30th Avenue
Lauderdale Lakes, FL 33311

February 15, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

RE: E.D.S. Enterprises, Inc.
EIN # 04-3594829

Dear Sirs,

I recently discovered that my 2005 Annual Report was inadvertently not filed. Additionally, I never received the notice of Dissolution of my Corporation, nor did I ever receive the original or second notice annual report.

I never received the renewal form, nor did I ever receive the Dissolution Notice at my mailing address.

I have always filed my forms timely since I have been in business and have never had a problem before. Please accept my enclosed check for \$300.00 along with the Report to reinstate my Corporation for 2005/2006.

Thank you for your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Eric Greene', with a long horizontal flourish extending to the right.

Eric Greene
President