

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90099 012 ***150.00

DOCUMENT # P02000023209

1. Entity Name

EDEN INVESTCO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 38001

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 38001

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number 04-3612368

Applied For
Not Applicable

Zip
32205-0501

Country
USA

Zip
32205-0501

Country
USA

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

7. Name and Address of Current Registered Agent

Name EDEN CUSTARD

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

3331 ST. JOHNS AVENUE

City JACKSONVILLE

FL

Zip Code
32205

**DO NOT WRITE
IN THIS SPACE**

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

EDEN CUSTARD

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when refusing.)

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST EDEN CUSTARD
P.O. BOX 380001
JACKSONVILLE, FL 32205-0501

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 the empowered.

SIGNATURE:

EDEN CUSTARD

9043810192

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034B (12/02)