

FILED
May 27, 2003 8:00 am
Secretary of State

04-24-2003 90127 033 ***150.00

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

DOCUMENT # P02000030960

1. Entity Name
EARDLEY'S INC.



Principal Place of Business
12 ZEOHYR LILY PLACE
PALM COAST FL 32164

Mailing Address
12 ZEOHYR LILY PLACE
PALM COAST FL 32164



2. Principal Place of Business

12 Zephyr Lily PL
Suite, Apt. #, etc.

3. Mailing Address

12 Zephyr Lily PL
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Palm Coast FL

City & State

Palm Coast FL

4. FEI Number

02-0635022

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

GLASGOW, CASSANDRA V
12 ZEOHYR LILY PLACE
PALM COAST FL 32164

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Cassandra V Glasgow
12 Zephyr Lily PL
Palm Coast FL 32164
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
☐ Delete

TITLE
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CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cassandra V Glasgow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)