

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90166 043 ***150.00

DOCUMENT # P92000013453

1. Entity Name (A)

AEDO ENTERPRISES, INC.

Principal Place of Business

**5652 DONNELLY CIRCLE
 ORLANDO FL 32821
 US**

Mailing Address

**5652 DONNELLY CIRCLE
 ORLANDO FL 32821
 US**

2. Principal Place of Business

**8320 OAKLAND PL
 Suite, Apt. #, etc.**

3. Mailing Address

**8320 OAKLAND PL
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

65-0394680

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, ELLEN
 2704 BEE RIDGE RD
 SARASOTA FL 34239**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **AEDO, CESAR E**
 STREET ADDRESS **5652 DONNELLY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **VP** ☐ Delete
 NAME **AEDO, LISA J**
 STREET ADDRESS **5652 DONNELLY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **S** ☐ Delete
 NAME **AEDO, LISA J**
 STREET ADDRESS **5652 DONNELLY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **T** ☐ Delete
 NAME **AEDO, CESAR E**
 STREET ADDRESS **5652 DONNELLY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Delete
 NAME **AEDO, CESAR E**
 STREET ADDRESS **5652 DONNELLY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Delete
 NAME **AEDO, LISA J**
 STREET ADDRESS **5652 DONNELLY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32821**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8320 OAKLAND PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8320 OAKLAND PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8320 OAKLAND PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8320 OAKLAND PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8320 OAKLAND PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8320 OAKLAND PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF LISA J. AEDO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02
 Date

407-253-1270
 Daytime Phone #

CR2E034 (9/01)