

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90103 016 ***150.00

DOCUMENT # P95000031586
 1. Entity Name
EDYA EXPORT IMPORT, INC.

Principal Place of Business 643 CARSWELL AVE. HOLLY HILL FL 32117	Mailing Address 643 CARSWELL AVE. HOLLY HILL FL 32117-3613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1398 Fourth Street</i>	3. Mailing Address <i>1398 Fourth Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>DAYTONA BEACH - FL -</i>	City & State <i>DAYTONA BEACH - FL -</i>	4. FEI Number 59-3311079	Applied For <input type="checkbox"/> Not Applied For
Zip <i>32124</i>	Country <i>Polusia</i>	Zip <i>32124</i>	Country <i>Polusia</i>

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

6. Name and Address of Current Registered Agent

OLIVER, MANUEL A
2241 VANCE RD.
DELTONA FL 32738

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 _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOB, EDWAR A 1401 S CLYDE MORRIS BLVD. #11 DAYTONA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVER, MANUEL A 2241 VANCE RD DELTONA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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]* **REQUIRED** *EDWARD JACOB* **1-19-2000** **904-2588902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #