

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90020 004 ***150.00

DOCUMENT # P95000039785

1. Entity Name

ELD, INC.

Principal Place of Business

Mailing Address

**39987 EMERALD COAST PKWY
DESTIN FL 32541**

~~P.O. BOX 5241~~
~~NICEVILLE FL 32578-5220~~

00013947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN FL

4. FEI Number

59-3322268

Applied For

Not Applicable

Zip

Country

32541

USA

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

**HALL, STEVE
36468 EMERALD COAST PKWY
BLDG II, SUITE 2201 OLD SOUTH CENTRE
DESTIN FL 32541**

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, 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 ☐ Delete
NAME **DP**
STREET ADDRESS **SHARPE, JAMES A**
CITY-ST-ZIP **39987 EMERALD COAST PKWY
DESTIN FL 32541**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **ANGNER, JOSEPH J**
CITY-ST-ZIP **2598 MAPLE GROVE COVE
DESTIN FL 32541**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **CHRISTIE, GERALD J**
CITY-ST-ZIP **1348 EMERALD BAY DR
DESTIN FL 32541**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCGILL, LARRY**
CITY-ST-ZIP **2323 10 MAIN SUITE 217
DOTHAN AL 36302**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CARR, SHANNON S**
CITY-ST-ZIP **736 ST THOMAS COVE
NICEVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **CARR, SHANNON S**
CITY-ST-ZIP **4465 Kingslynn Road
Niceville, FL 32578**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GIESEN, ANDREW E**
CITY-ST-ZIP **588 MOONEY RD
FT WALTON BEACH FL 32547**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. SHARPE

Date

Daytime Phone #

1/25/00

850-654-4550

CR2E034 (9/99)