

2002 UNIFORM BUSINESS REPORT (UBR)

P95000058661

DOCUMENT # P95000058661

1. Entity Name
EDJO HOLDINGS, INC.

FILED

02 MAY -3 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

all 5/3

Principal Place of Business

661 EAST ALTAMONTE DR.
SUITE 318
ALTAMONTE SPRINGS FL 32701

Mailing Address

661 EAST ALTAMONTE DR.
SUITE 318
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

2190 TERRACE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

4. FEI Number

59-3344374

Applied For

Not Applicable

Zip

Country

Zip

Country

32779

U.S.A

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

GUINDI, EDWARD S
2190 TERRACE BLVD
LONGWOOD FL 32779

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINDI, EDWARD S 661 E. ALTAMONTE DR. SUITE 318 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, JON 661 E. ALTAMONTE DR. SUITE 318 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

407-383-7800

Daytime Phone #

CR2E034 (9/01)