

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067889

1. Entity Name
EDS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90022 016 ***150.00

Principal Place of Business

1340 CLEARMONT ST
STE 307
PALM BAY FL 32905
US

Mailing Address

1340 CLEARMONT ST
STE 307
PALM BAY FL 32905
US

2. Principal Place of Business

1915 CYPRESS LAKE DR
Suite, Apt. #, etc.

3. Mailing Address

1915 CYPRESS LAKE DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GRANT FL
Zip 32949 Country US

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GRANT FL
Zip 32949 Country US

4. FEI Number 59-3348064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SASLOW, E. DOUGLAS
5011 DIXIE HWY., N.E., #A111
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1915 CYPRESS LAKE DRIVE

City

GRANT

Zip Code

32949

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.

(NO "E" Registered Agent signature required when re-registering)

03/20/01
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, 2001 Fee will be \$650.00
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	D	<input type="checkbox"/> Delete
NAME	SASLOW, E. DOUGLAS	
STREET ADDRESS	5011 DIXIE HWY., N.E., #A111	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS E. SASLOW	
STREET ADDRESS	1915 CYPRESS LAKE DR	
CITY-ST-ZIP	GRANT, FL 32949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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:

E. Douglas Saslow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

321-728-8530

Daytime Phone #

CR2E034 (10/00)