

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/5/

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90062 042 \*\*\*150.00

**DOCUMENT # P96000082429**

1. Entity Name

**EDEN PROPERTIES, INC. OF F.W.B.**

Principal Place of Business

Mailing Address

151 MARY ESTHER BLVD  
 SUITE 502-B  
 MARY ESTHER FL 32569

151 MARY ESTHER BLVD  
 SUITE 502-B  
 MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3403540**

Applied For

Not Applicable

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

**AULL, DENISE K**  
**770 SUNDIAL COURT**  
**FT WALTON BEACH FL 32548**

Name

**Aull, Denise K.**

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

**310 Casa Grande Lane**

City

**Santa Rosa Beach**

FL

Zip Code

**32459**

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

*Denise K Aull*

**1/29/01**

Signature typed or printed name of registered agent and file 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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete
PVTS	AULL, DENISE K	646 RICKER AVE	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PVTS	Aull, Denise K.	310 Casa Grande Lane	Santa Rosa Beach, FL 32459	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*Denise K Aull*

**2/20/01**

Date

**(850) 585-2533**

Daytime Phone #

CR2E034 (10/00)