

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

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

Mailing Address

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

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

7. Name and Address of New Registered Agent

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

[Signature]

1/29/01

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, 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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	AULL, DENISE K	
STREET ADDRESS	646 RICKER AVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
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	PVTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aull, Denise K.	
STREET ADDRESS	310 Casa Grande Lane	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01
Date

(850) 585-2533
Daytime Phone #

CR2E034 (10/00)