## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P96000098265

1. Entity Name ELDA, INC.



Principal Place of Business 2216 64TH STREET COURT EAST BRADENTON FL 34208  2. Principal Place of Business		Mailing Address 2216 64TH STREET COURT EAST BRADENTON FL 34208  3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. # etc.					_				
							☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 65-0717158 Applied For Not Applied			oplied For ot Applicable	
Zip	Country Zip Cou			Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Rec							7. Name and Address of New Registered Agent				
UADDEC CAME					Name						
HARDEE, SAM F 2216 64TH STREET COURT EAST			<b> </b>			Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34208											
ę				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. I am familiar with, and accept the obligations of registered agent.											
ÇI SIÇNATI IDE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Fir Trust Fund Contribution			May Be to Fees	
10.	OFFICERS AND I	DIRECTO	RECTORS 11.			AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
STREET ADDRESS 2216	DEE, SAM F 64TH STREET COURT EAS DENTON FL 34208	•	☐ Delete		1				☐ Change	Addition	
STREET ADDRESS 1800	LAWSON, DONALD M 1800 2ND ST., SUITE 910				1				☐ Change	☐ Addition	
STREET ADDRESS 5515	HENS, STANLEY E 21ST AVE., W. ENTON FL 34209		☐ Delete		1				Change	Addition	
STREET ADDRESS 5515	SON, CLAYTON 21ST AVE., W. ENTON FL 34209		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	at the information supplied with	this filing	Delete	CITY-	ET ADDRESS ST-ZIP	d in Section	110 07/2Vi) Florida Shtuta	I further occ	Change	Addition	

indicated on this report of 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 10 or Block 11 if changed, or on an attachment with an address, withall other like empowered.

SIGNATURE:

O NAME OF SIGNING OFFICER OR DIRECTOR

sam f hardee

3oapril2oo3 Date

9417461873

Daytime Phone #