

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

3/26

03-26-2003 90122 016 ***150.00

DOCUMENT # P98000027815

1. Entity Name
GARDEN OF EDEN OF THE KEYS, INC.



Principal Place of Business
**82237 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

Mailing Address
**P.O. BOX 371578
KEY LARGO FL 33037**

55049134

2. Principal Place of Business

3. Mailing Address

PO Box 1107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada, FL

4. FEI Number **65-0271264**

Applied For

Not Applicable

Zip Country

Zip

33036

Country

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

**OVERFIELD, RICHARD L
116 PLANTATION SHORES DR
TAVERNIER FL 33670**

Name

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

137 San Marco Drive

City

Islamorada

FL

Zip Code

33036

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstalling)

3/18/03

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 Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MYERS, IMJA**
STREET ADDRESS **82237 OVERSEAS HIGHWAY**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (James Myers, Personal Representative)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)