## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 12, 2000 8:00 am DOCUMENT # P98000055431 **Secretary of State** 1. Entity Name THE EDDESIGNS GROUP, INC. 01-12-2000 90026 017 \*\*\*158 75 Mailing Address Principal Place of Business 2701 NE 28TH STREET 2701 NE 28TH STREET FORT LAUDERDALE FL 33306-1727 FORT LAUDERDALE FL 33306 400003494 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3517443 Not Applicati \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GOLDER, GEORGE A** Street Address (P.O. Box Number is Not Acceptable) 315 E ROBINSON ST, SUITE 600 ORLANDO FL 32801 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD Delete TITI F TITLE Rosen, Lorry S. 31vd. # 12048 ROSEN, LARRY S NAME NAME STREET ADDRESS STREET ADDRESS 1556 ROCKWELL HEIGHTS DR Daytona Beach Shores, FL CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Change ☐ 1..... CD TITLE ☐ Delete NAME GERBER, PETER NAME STREET ADDRESS STREET ADDRESS 2701 NE 28TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT L'AUDERDALE FL 33306 Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C 127 ☐ Change ☐ Delete NAME STREET ADDRESS 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 chapter of the corporation of the receiver or trustee empowered are required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 chapter 607.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

CHARGUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date