2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000029781 1. Entity Name ELODIDA HOMESTAV INC 20

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FILED May 09, 2000 8:00 am

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RIPPON, EMMA L 2025 DEVOINSHIRE AVE COCOA FL 32928 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 Fordate Signant/Graph or present name or registered agent and the fluidestate 9. This corporation is eligible to satisfy its Intangible Tark fling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. STREET ADDRESS TITLE MINE Delete TITLE MINE Delete TITLE Delete Del		6. Name and Address of Curre	nt Registered Agent			7. N	ame and Address of New Registered	Agent	2 2 2	
2025 DEVONSHIRE AVE COCOA FL 32926 8. The above named artity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Forda SIGNATURE Signature of the function of the purpose of changing its registered diffice or registered agent, or both, in the State of Forda SIGNATURE Signature of the function of the purpose of changing its registered diffice or registered agent, or both, in the State of Forda SIGNATURE Signature of the function of the purpose of changing its registered diffice or registered agent, or both, in the State of Forda SIGNATURE Signature of the function of the purpose of changing its registered diffice or registered agent, or both, in the State of Forda SIGNATURE Signature of the function of the purpose of changing its registered diffice or registered agent, or both, in the State of Forda SIGNATURE SIGNATURE Signature of the function of the purpose of changing its registered diffice or registered agent, or both, in the State of Forda SIGNATURE SIGN						Name				
B. 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 3/11/60	2025	Street Address (P.O. Box Number is Not Acceptable)								
SKANATURE Syntaw Free Fre					City	 -	FI	Zip Code		
Tax filing requirement and elects to do so. Arter MAY 1, 2000 Pee Will be \$350.00 Make Check Payable to Department of State	9. This corpo	pration is eligible to satisfy its Intangi	ble FILE NOW	VIII FEE	IS \$150.00			\$5.0	O May Be	
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13. I hereby certify that the information supplied with this filling 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: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR