

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90031 020 ***150.00

DOCUMENT # P99000060824

1. Entity Name
CADDEN ENTERPRISES, INC.

Principal Place of Business Mailing Address
8417 SE PINE CIRCLE 8417 SE PINE CIRCLE
HOBE SOUND FL 33455 HOBE SOUND FL 33455-6611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8427 SE Pine Circle 8427 SE Pine Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hobe Sound, FL Hobe Sound, FL

Zip Country Zip Country
33455 USA 33455 USA

4. FEI Number Applied For
65-0939426 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CADDEN, WILLIAM T
8417 SE PINE CIRCLE
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ (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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	William T. Cadden	8427 SE Pine Circle	Hobe Sound, FL 33455		
S/T	Suzanne M. Cadden	8427 SE Pine Circle	Hobe Sound FL 33455		

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: William T. Cadden Date: 2/3/00 Daytime Phone #: 561-546-3442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)