

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075259

1. Entity Name

BOX MAN, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90032 013 \*\*\*158.75

Principal Place of Business

Mailing Address

1524 HARBOUR CLUB DR.  
PONTE VEDRA BEACH FL 32004

P.O. BOX 369  
PONTE VEDRA BEACH FL 32004-0369

2. Principal Place of Business

1524 HARBOUR CLUB DR.

3. Mailing Address

P.O. Box 369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH FL

City & State

PONTE VEDRA BEACH FL

Zip

32004

Country

ST. JONNS

Zip

32004-0369

Country

U.S.A.

4. FEI Number

59-3611686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILL, WILLIAM H JR ESQ  
2106 SAWGRASS VILLAGE  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

C. VERNE EDEN

1524 HARBOUR CLUB DR, P.O. BOX 369

PONTE VEDRA BEACH

FL

Zip Code 32004

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

C. VERNE EDEN

C. VERNE EDEN

3/31/00

Signature, typed or printed name of registered agent and title if applicable.

(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  
DPS  
EDEN, C. VERNE  
1524 HARBOUR CLUB DR.  
PONTE VEDRA BEACH FL 32004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT & CEO, DIRECTOR ☒ Change ☐ Addition

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

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

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

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:

C. VERNE EDEN 3/31/00 904-285-3677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)