

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90043 048 ***150.00

DOCUMENT # P99000078312

1. Entity Name
EL DORADO HOLDINGS, INC.

Principal Place of Business
**337 JACKSONVILLE DRIVE
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**337 JACKSONVILLE DRIVE
 JACKSONVILLE BEACH FL 32250**

00003333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1320 N. 3RD ST
 Suite, Apt. #, etc.

3. Mailing Address
1320 N. 3RD ST
 Suite, Apt. #, etc.

City & State
JAX Beach, FL 32250
 Zip Country

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JAX, Beach, FL 32250
 Zip Country

4. FEI Number **59-3595975** Applied For
 Not Applicable

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

**CAMP, RICHARD
 4110 SOUTHPOINT BLVD., #205
 JACKSONVILLE FL 32216**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D DINEEN, SCOTT MARTIN**
 STREET ADDRESS **149 BIMINI COURT**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FILICE, LISA**
 STREET ADDRESS **445 BIG TREE ROAD**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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Change Addition
 TITLE NAME
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 **904.270.0557**
 Date Daytime Phone #

CR2E034 (10/00)