

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90166 043 ***150.00

DOCUMENT # P92000013453

1. Entity Name
AEDO ENTERPRISES, INC.

Principal Place of Business

**5652 DONNELLY CIRCLE
 ORLANDO FL 32821
 US**

Mailing Address

**5652 DONNELLY CIRCLE
 ORLANDO FL 32821
 US**

2. Principal Place of Business

8320 OAKLAND PL
 Suite, Apt. #, etc.

3. Mailing Address

8320 OAKLAND PL
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

65-0394680

Applied For
 Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, ELLEN
 2704 BEE RIDGE RD
 SARASOTA FL 34239**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	AEDO, CESAR E	
STREET ADDRESS	5652 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AEDO, LISA J	
STREET ADDRESS	5652 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	S	<input type="checkbox"/> Delete
NAME	AEDO, LISA J	
STREET ADDRESS	5652 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	T	<input type="checkbox"/> Delete
NAME	AEDO, CESAR E	
STREET ADDRESS	5652 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	AEDO, CESAR E	
STREET ADDRESS	5652 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	AEDO, LISA J	
STREET ADDRESS	5652 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8320 OAKLAND PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8320 OAKLAND PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8320 OAKLAND PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8320 OAKLAND PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8320 OAKLAND PL	
CITY-ST-ZIP	ORLANDO FL 32819	

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: *CESAR E AEDO* **QUINZA J. AEDO** 1/12/02 407-253-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)