

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-11-2003 90130 036 ***150.00

DOCUMENT # 446546

1. Entity Name

BOB EDWARDS & ASSOCIATES, INC.



Principal Place of Business
2100 45TH ST., UNIT B19
WEST PALM BEACH FL 33407
US

Mailing Address
2100 45TH ST., UNIT B19
WEST PALM BEACH FL 33407
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1524381**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEARSON, LINDA M
60 YACHT CLUB PL
TEQUESTA FL 33469

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, ROBERT A 118 LINDA LANE W PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISERT, JAMES 711 HUMMINGBIRD WAY #201 N PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, LINDA M 2100 45TH ST UNIT B19 W PALM BCH. FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2003

Date

Daytime Phone #

CR2E034 (10/02)