

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90247 013 ***150.00

DOCUMENT # 596169

1. Entity Name
EDWARDS CONSTRUCTION SERVICES, INC.



Principal Place of Business
**85 S. W. 52ND AVENUE
OCALA FL 34474
US**

Mailing Address
**85 S. W. 52ND AVENUE
OCALA FL 34474
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1886910**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EDWARDS, STEVEN M
85 S.W. 52ND AVENUE
OCALA FL 34474**

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	T	☐ Delete
NAME	EDWARD, GEORGE D	
STREET ADDRESS	14323 SE 128TH STREET	
CITY-ST-ZIP	OCKLAWAHA FL 34491	
TITLE	P	☐ Delete
NAME	EDWARDS, STEVEN M	
STREET ADDRESS	470 SW 63RD ST RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	V	☐ Delete
NAME	WATERS, LELAND D.	
STREET ADDRESS	474 SW 63RD ST RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	S	☐ Delete
NAME	BROWN, FRANCES K	
STREET ADDRESS	9691 SW 190TH AVENUE ROAD	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Frances K. Brown* **SIGNATURE REQUIRED** *Frances K. Brown* **1/24/03** **352-854-6266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)