

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90054 002 ***150.00

DOCUMENT # 615457

1. Entity Name
FLORIDA METER SERVICE COMPANY

Principal Place of Business 1039 COUNTRY CLUB DRIVE TITUSVILLE FL 32780	Mailing Address PO BOX 338 DILLSBORO NC 28725 US
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00038899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1991412		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
EDGAR, JOHN TIMOTHY 1039 COUNTRY CLUB DR TITUSVILLE FL 32780				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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete	TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDGAR, TIMOTHY LOUIS		NAME EDGAR, TIMOTHY LOUIS	
STREET ADDRESS 731 E. BARKERS CREEK RD.		STREET ADDRESS 50 WHITTIER TR.	
CITY-ST-ZIP WHITTIER NC 28789		CITY-ST-ZIP WHITTIER, NC. 28789	
TITLE VPT	<input type="checkbox"/> Delete	TITLE TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDGAR, AMELIA G.		NAME EDGAR, AMELIA G.	
STREET ADDRESS 1039 COUNTRY CLUB DR		STREET ADDRESS 1039 COUNTRY CLUB	
CITY-ST-ZIP TITUSVILLE FL		CITY-ST-ZIP TITUSVILLE, FL. 32780	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDGAR, JOHN TIMOTHY		NAME	
STREET ADDRESS 1039 COUNTRY CLUB DR		STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John Timothy Edgar APR. 9, 2001 828 586-5745
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)