

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90034 040 \*\*\*150.00

<b>DOCUMENT #</b> 301648			
<b>1. Entity Name</b> Edmar, Inc.			
<b>Principal Place of Business</b> 535 GARDENIA LN. VERO BEACH, FL 32963		<b>Mailing Address</b> 535 GARDENIA LN. VERO BEACH, FL 32963	
<b>2. Principal Place of Business</b> 535 GARDENIA LN. Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> VERO BEACH, FL		<b>City &amp; State</b> VERO BEACH, FL	
<b>Zip</b> 32963	<b>Country</b> INDIAN RIVER	<b>Zip</b> 32963	<b>Country</b> INDIAN RIVER
<b>6. Name and Address of Current Registered Agent</b> MAXINE R. HARGRAVE 535 GARDENIA LN. VERO BEACH, FL 32963		<b>7. Name and Address of New Registered Agent</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
<b>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.</b>			
<b>SIGNATURE</b> <u>Maxine R. Hargrave</u> Signature, typed or printed name of registered agent and title, if applicable.		<b>OWNER/CEO</b> (NOTE: Registered Agent signature required when reinstating)	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> OWNER/CEO <b>NAME</b> MAXINE R. HARGRAVE <b>STREET ADDRESS</b> 535 GARDENIA LN. <b>CITY-ST-ZIP</b> VERO BEACH, FL 32963	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Maxine R. Hargrave</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>16 April 01</b> Date Daytime Phone #	

A0055311

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)