

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90141 029 ***150.00

DOCUMENT # 405645

1. Entity Name

EDGEWATER HOLDING CORPORATION



DO NOT WRITE IN THIS SPACE

60013472

2. Principal Place of Business

1401 EDGEWATER DRIVE

Suite, Apt. #, etc.

ORLANDO FL 32804-6352

City & State

3. Mailing Address

1401 EDGEWATER DRIVE

Suite, Apt. #, etc.

ORLANDO FL 32804-6352

City & State

4. FEI Number

59-1408890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EDWARD L. THOMAS

Street Address (P.O. Box Number is Not Acceptable)

1523 ANCHOR COURT

City

ORLANDO

FL

Zip Code

32804

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD

THOMAS, EDWARD L.

1523 ANCHOR COURT

ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

THOMAS, CAROLINE C.

1523 ANCHOR COURT

ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD L. THOMAS

Date

2/24/03

407/ 425-4820

Daytime Phone #

CR2E034B (12/02)