

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90281 004 ***150.00

DOCUMENT # 669290

1. Entity Name

EDGEWATER MACHINE & FABRICATORS, INC.

Principal Place of Business

**200 FLAGLER AVENUE
EDGEWATER FL 32132-2110**

Mailing Address

**200 FLAGLER AVENUE
EDGEWATER FL 32132-2110**

2. Principal Place of Business

202 N. FLAGLER AVE

3. Mailing Address

202 N. FLAGLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1998384**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, JULIAN M
1727 BENNETT STREET
JACKSONVILLE FL 32206**

Name

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

710 HAINES STREET

City

JACKSONVILLE

FL

Zip Code

32202

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

Signature, typed or printed name of registered agent and file if applicable (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: ☐

**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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
NAME **GREENE, JULIAN M**
STREET ADDRESS **538 BRUNSWICK ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☒ Change ☐ Addition
NAME **1721 KELLOW DRIVE**
STREET ADDRESS **JACKSONVILLE, FL 32216**
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **ZELLER, OSCAR**
STREET ADDRESS **1219 COMMODORE DRIVE**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01 (904) 353-8241

Date

Daytime Phone #

CR2E034 (10/00)