

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90002 040 ***550.00

0131955 AT

DOCUMENT # F00000005324

1. Entity Name

EDWARDS AND KELCEY ARCHITECTURAL & DESIGN SERVIC

Principal Place of Business

**299 MADISON AVENUE
 MORRISTOWN NJ 07962**

Mailing Address

**299 MADISON AVENUE
 MORRISTOWN NJ 07962**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2292 KILLEARN CTR BLVD
 Suite, Apt. #, etc.**

3. Mailing Address

**299 MADISON AVE
 PO Box 1934**

City & State

TALLAHASSEE, FL.

City & State

MORRISTOWN N.J. 07962

4. FEI Number

22-3750310

Applied For

Not Applicable

Zip

Country

32308

Zip

Country

07962-1934 MORRIS

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANK THOMAS BROCK
 910 EDWARDS KEELEY, INC.
 2292 KILLEARN CTR BLVD.
 TALLAHASSEE, FLA. 32308**

7. Name and Address of New Registered Agent

**GERALD K. OSHEK, JR.
 Street Address (P.O. Box Number is Not Acceptable)
 910 EDWARDS KEELEY, INC.
 2292 KILLEARN BLVD
 City TALLAHASSEE, FL. FL Zip Code 32308**

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

Gerald K. Oshek, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCMAHON, KEVIN J	
STREET ADDRESS	3 THOMPSON WAY	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARRITY, KENNETH J	
STREET ADDRESS	61 HILEY BROOK ROAD	
CITY-ST-ZIP	STOW MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TANGEL, RICHARD E	
STREET ADDRESS	FEATHERLEIGH ROAD	
CITY-ST-ZIP	CONVENT STATION NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALLAHAN, RICHARD M	
STREET ADDRESS	21 TROUT RUN DRIVE	
CITY-ST-ZIP	MEDIA PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASSAVOY, MICHAEL A	
STREET ADDRESS	45 OTIS STREET	
CITY-ST-ZIP	MELROSE MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOUCHARD, PAUL W	
STREET ADDRESS	1320 BROOKSIDE LANE	
CITY-ST-ZIP	NORTHBROOK IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

STEFANUS REBARRO CFO *Stefanus Rebarro* (978) 267-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/01)