

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90056 009 ***150.00

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1. Entity Name

EDWARDS AND KELCEY ARCHITECTURAL & DESIGN SERVICES, INC.



Principal Place of Business

**2252 KILLEARN CTR BLVD
TALLAHASSEE FL 32308**

Mailing Address

**299 MADISON AVENUE
P.O. BOX 1936
MORRISTOWN NJ 07962-1936**

2. Principal Place of Business

5730 Bowden Rd.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

City & State

JACKSONVILLE FLA

Zip

33216

Country

US

City & State

JACKSONVILLE FLA

Zip

33216

Country

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City & State

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3750310**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OSHESKY, JR., GERALD K
% EDWARDS & KELLEY, INC.
2252 KILLEARN BLVD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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. 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

FEE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **MCMAHON, KEVIN J**
STREET ADDRESS **3 THOMPSON WAY**
CITY-ST-ZIP **MORRIS PLAINS NJ**

TITLE **VD** ☐ Delete
NAME **GARRITY, KENNETH J**
STREET ADDRESS **61 HILEY BROOK ROAD**
CITY-ST-ZIP **STOW MA**

TITLE **VD** ☐ Delete
NAME **TANGEL, RICHARD E**
STREET ADDRESS **FEATHERLEIGH ROAD**
CITY-ST-ZIP **CONVENT STATION NJ**

TITLE **VD** ☐ Delete
NAME **HALLAHAN, RICHARD M**
STREET ADDRESS **21 TROUT RUN DRIVE**
CITY-ST-ZIP **MEDIA PA**

TITLE **VD** ☐ Delete
NAME **CASSAVOY, MICHAEL A**
STREET ADDRESS **45 OTIS STREET**
CITY-ST-ZIP **MELROSE MA**

TITLE **V** ☐ Delete
NAME **BOUCHARD, PAUL W**
STREET ADDRESS **1320 BROOKSIDE LANE**
CITY-ST-ZIP **NORTHBROOK IL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO** ☐ Change ☒ Addition
NAME **THOMAS E BARRY**
STREET ADDRESS **235 NORTH PEVERLYCK**
CITY-ST-ZIP **PARSIPPANY N.J. 07054**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED VP CFO

Date

Daytime Phone #

CR2E034 (10/02)