

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90095 048 ***150.00

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DOCUMENT # F29203

1. Entity Name
C. CRAIG EDEWAARD, INC.



Principal Place of Business
**11 SE 7TH STREET
POMPANO BEACH FL 33060
US**

Mailing Address
**11 SE 7TH STREET
POMPANO BEACH FL 33060
US**

2. Principal Place of Business
103 NW 2 Avenue
Suite, Apt. #, etc.

3. Mailing Address
103 NW 2 Avenue
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Ft. Laud, FL

City & State
Ft Laud, FL 33311

4. FEI Number
59-2092466

Applied For
 Not Applicable

Zip
33311 Country
USA

Zip
33311 Country
USA

5: Certificate of Status Desired **\$8.75** Additional Fee Required

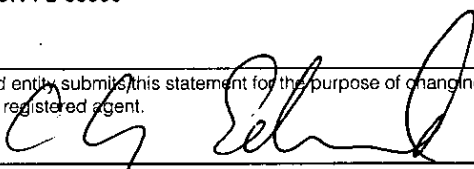
6. Name and Address of Current Registered Agent

**EDEWARD, CRAIG
11 SE 7TH STREET
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name
Edewaard, Craig
Street Address (P.O. Box Number is Not Acceptable)
103 nw 2 Avenue
Ft Laud, FL
City
FL Zip Code
33311

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  **2.5.03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** Delete
NAME **EDEWARD, ANN C**
STREET ADDRESS **11 SE 7TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **S** Change Addition
NAME **Edewaard, Ann C**
STREET ADDRESS **103 nw 2 Ave**
CITY-ST-ZIP **Ft. Laud, FL 33311**

TITLE **DP** Delete
NAME **EDEWARD, CRAIG C**
STREET ADDRESS **11 SE 7TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DP** Change Addition
NAME **Edewaard, Craig C**
STREET ADDRESS **103 nw 2 Ave**
CITY-ST-ZIP **Ft Laud, FL 33311**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5.03 **954 623 5615**
Date Daytime Phone #

CR2E034 (10/02)