## 2003 FOR PROFIT CORPORATION

W PALM BCH FL 33405

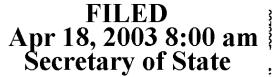
3. Mailing Address

City & State

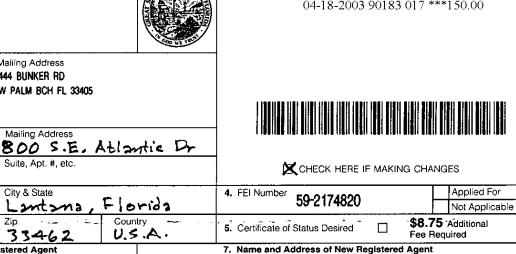
Suite, Apt. #, etc.

## **UNIFORM BUSINESS REPORT (UBR)** F51277 DOCUMENT # 1. Entity Name EDGE GROUP, P.A. Principal Place of Business Mailing Address 444 BUNKER RD 444 BUNKER RD

6. Name and Address of Current Registered Agent



04-18-2003 90183 017 \*\*\*150.00



OGLESBY, ROBERT E. 250 AUSTRALIAN AVENUE, SOUTH, SUITE 1400 W PALM BCH FL 33401	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 registere the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I am far	niliar with, and accept

SIGNATURE	ole. (NOTE: Registered Agent signature required when reinst	ating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition EDGE, DONALD R NAME NAME **800 ATLANTIC DRIVE SE** STREET ADDRESS STREET ADDRESS Lantana Fl CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11 CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

W PALM BCH FL 33405

Suite, Apt. #, etc

.antons

City & State

2. Principal Place of Business

800 S.E. Atlantic

REDonald R. Edge Apr 15,03

Daytime Phone #