

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 010 ***150.00

DOCUMENT # F56194

1. Entity Name
ED-WIL ENTERPRISES, INC.



Principal Place of Business
**103 HILLSIDE CT
MARTINEZ GA 30907**

Mailing Address
**103 HILLSIDE CT
MARTINEZ GA 30907
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2152187**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, FAYE
5851 HOLLYHOCK DR
LAKELAND FL 33813**

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 _____ (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	V	<input type="checkbox"/> Delete
NAME	LEOPARD, WILLIAM C	
STREET ADDRESS	1227 FLOWING WELLS RD	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FEARNEYHOUGH, RONALD L.	
STREET ADDRESS	1229 FLOWING WELLS RD.	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	PCFO	<input type="checkbox"/> Delete
NAME	WILMOT, PATRICIA F.	
STREET ADDRESS	103 HILLSIDE COURT	
CITY-ST-ZIP	MARTINEZ GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEARNEYHOUGH, LISA R	
STREET ADDRESS	1229 FLOWING WELLS RD	
CITY-ST-ZIP	AUGUSTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia F. Wilmot* 1-21-03 706 8551745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)