

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90065 038 \*\*\*150.00

<b>DOCUMENT # F58000 ✓</b>			
1. Entity Name <b>Mitchell, Cockey &amp; Edwards, P.A.</b>			
Principal Place of Business <b>201 N. Franklin Street, Suite 2200, Tampa, FL 33602</b>		Mailing Address <b>Post Office Box 3433 Tampa, FL 33601</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2143036</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RIDLEY, FRED S. 201 N. Franklin Street Tampa, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>Joseph D. Edwards</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 N. Franklin Street, Suite 2200</b> City <b>Tampa, FL</b> Zip Code <b>33602</b>	


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 	<b>Joseph D. Edwards</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	April, 2001 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCST Edwards, Joseph D. 201 N. Franklin Street, Ste. 2100 Tampa, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garner, James F. 1280 University Park, Suite 600 Ft. Myers, FL 33906 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	D Mitchell, Stephen J. 201 N. Franklin Street, Suite 2200 Tampa, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard, Mark S. 201 N. Franklin Street, Suite 2200 Tampa, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ingram, Lawrence P 201 N. Franklin Street, Suite 2200 Tampa, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Szabo, Stephen J. 201 N. Franklin Street, Suite 2200 Tampa, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	<b>Joseph D. Edwards</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	April, 2001 Date	(813) 229-3321 Daytime Phone #
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