

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001129

1. Entity Name

EDGE PRINTING CONSULTANTS, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90085 019 ***150.00

Principal Place of Business

96 WEST BAY DR.
COCOA BEACH FL 32931

Mailing Address

96 WEST BAY DR.
COCOA BEACH FL 32931

2. Principal Place of Business

96 West Bay Drive

Suite, Apt. #, etc.

3. Mailing Address

96 West Bay Drive

Suite, Apt. #, etc.

City & State

Cocoa Beach

City & State

Cocoa Beach

4. FEI Number

57-1037697

Applied For

Not Applicable

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIESMAN, JAMES A
96 WEST BAY DR.
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

James A. Spiesman

Street Address (P.O. Box Number is Not Acceptable)

96 West Bay Drive

City

Cocoa Beach

FL

Zip Code

32931

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPIESMAN, JAMES A	
STREET ADDRESS	96 WEST BAY DR.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPIESMAN, ALISON S	
STREET ADDRESS	96 WEST BAY DR.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

321-868-2144

Daytime Phone #

0079762

CR2E034 (10/00)