

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90360 043 \*\*\*158.75

DOCUMENT # F99000002863

1. Entity Name

Edwards Electrical + Mechanical, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6831 E. 32nd Street

Suite, Apt. #, etc.

6831 E. 32nd Street

City & State

Indianapolis, IN

City & State

Indianapolis, IN

Zip

46226

Country

USA

Zip

46226

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-1142330

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip

33324

**DO NOT WRITE  
IN THIS SPACE**

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

NA

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

(NOTE: Registered Agent signature required when reissuance)

DATE

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

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**January 1 - May 1: Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	President (P)
NAME	Jim Murray
STREET ADDRESS	6831 E. 32nd Street, Indpls, IN 46226
CITY - ST - ZIP	
TITLE	Secretary (S)
NAME	Nancy Ashcom
STREET ADDRESS	76 S. Main St. Akron, OH 44308
CITY - ST - ZIP	
TITLE	CEO/Asst. Corp. Sec
NAME	Tom Eggers
STREET ADDRESS	6831 E. 32nd Street Indpls, IN 46226
CITY - ST - ZIP	
TITLE	Director (D)
NAME	Samuel Roth
STREET ADDRESS	76 S. Main St., Akron, OH 44308
CITY - ST - ZIP	
TITLE	Director (D)
NAME	Anthony Alexander
STREET ADDRESS	76 S. Main St., Akron, OH 44308
CITY - ST - ZIP	
TITLE	Director (D)
NAME	Kathryn Dindo
STREET ADDRESS	76 S. Main St., Akron, OH 44308
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)