

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H26003

1. Entity Name

EDKO DEVELOPMENT, INC.

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90061 028 ***150.00

Principal Place of Business

Mailing Address

% JAMES W. EDWARDS

% JAMES W. EDWARDS

3010 NE 40TH ST

3010 NE 40TH ST

FT LAUDERDALE FL 33308

FT LAUDERDALE FL 33308

2. Principal Place of Business

1900 S. OCEAN BLVD.

3. Mailing Address

1900 S. OCEAN BLVD

Suite, Apt. #, etc.

APT 10-D

Suite, Apt. #, etc.

APT 10-D

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

6. Name and Address of Current Registered Agent

EDWARDS, JAMES W.

3010 NE 40TH ST

FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name EDWARDS, JAMES W.

Street Address (P.O. Box Number is Not Acceptable)
1900 S. OCEAN BLVD

APT 10-D

City POMPANO BEACH

FL

Zip Code

33062

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

James W. Edwards, Pres.

3/7/01

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
NAME DVPS
STREET ADDRESS EDWARDS, JAMES W
CITY-ST-ZIP 3010 NE 40 ST
FT LAUDERDALE FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DVPS
STREET ADDRESS EDWARDS, JAMES W.
CITY-ST-ZIP 1900 S. OCEAN BLVD; APT 10-D
POMPANO BEACH, FL 33062

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

James W. Edwards, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W. EDWARDS, PRES.

Date

3/7/01

Daytime Phone #

954-563-8677

CR2E034 (10/00)