2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58833 1. Entity Name

EDP,	INC.
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LDI TINO.		
Principal Place of Business	Mailing Address	
1700 TAMIAMI TRAIL G-1 PORT CHARLOTTE FL 33948 US	1700 TAMIAMI TRAIL G-1 PORT CHARLOTTE FL 33948-1063 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt, #, etc.	_
City & State	City & State	_

FILED Feb 16, 2000 8:00 am Secretary of State 02-16-2000 90013 048 ***150.00

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Principal Place	e of Business	Mailing Address							
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2. Principal P	lace of Business	3. Mailing Address	S	 .	7				
Suite, Apt.	#, etc.	Suite, Apt. #, etc	D		7	DO NOT WR	ITE IN THIS SI	PACE	
City & State	e	City & State			4. FEI	Number 59-25320 3	34		plied For
Zip	Country	Zip	Cour	ntry	5. Cert	tificate of Status Desired		8.75 Add	
	6. Name and Address of Curr	ent Registered Agent	<u> L</u>		7 Nan	ne and Address of New			-
	6. Name and Address of Con-	ent negistered Agent		Name	7. 1901	to dilg Addicas of New	nogionarios re		
	PAIVA, ELIZABETH D TAMIAMI TRAIL				s (P.O. Box	Number is Not Acceptable	e)		
	T CHARLOTTE FL 33948							,	
				City			FL	Zip Cod	e
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	Signature, typed or printed name of registered a	gent and the it applicable.	(NOTE, negister	Teo Agolii signatore rede					
Tax filing r	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	After MA		E IS \$150.00 e will be \$550.0 Department of \$	0	 Election Campaign F Trust Fund Contribution 	• –		May Be to Fees
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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