

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90021 050 ***550.00

DOCUMENT # J33846

1. Entity Name
EDGEWATER PROPERTIES, INC.

Principal Place of Business

1037 FIFTH AVE. NORTH
 NAPLES FL 33940

Mailing Address

1037 FIFTH AVE. NORTH
 NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5147 CASTELLO DR

Suite, Apt. #, etc.

3. Mailing Address

5147 CASTELLO DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number **59-2753559**

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COUNCILOR, CAVIN R.
1037 FIFTH AVE. NORTH
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name **PETER L. GIRARDIN**

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

5147 CASTELLO DR

City

NAPLES

FL

Zip Code

34103

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☒ Delete
 NAME **COUNCILOR, CAVIN R.**
 STREET ADDRESS **1037 FIFTH AVE. NORTH**
 CITY-ST-ZIP **NAPLES FL**

TITLE **VP** ☒ Delete
 NAME **NAMENSKI, TRICIA**
 STREET ADDRESS **1551 EBERLY**
 CITY-ST-ZIP **FLINT MI**

TITLE **S** ☒ Delete
 NAME **PEARSON, P**
 STREET ADDRESS **1037 5TH AVE N**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **PETER L. GIRARDIN**
 STREET ADDRESS **5147 CASTELLO DR**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (4/02)

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/02

239-262-8686