

2000 UNIFORM BUSINESS REPORT (UBR)

3/29/

FILED

May 17, 2000 8:00 am
Secretary of State

03-29-2000 90051 008 ***150.00

DOCUMENT # J66267

1. Entity Name

EDWARDS-SNAVELY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

711 OCEAN DRIVE
POST OFFICE BOX 510260
KEY COLONY BEACH FL 33051

711 OCEAN DRIVE
POST OFFICE BOX 510260
KEY COLONY BEACH FL 33051-0260

402993

2. Principal Place of Business
601 Ocean Drive

3. Mailing Address
38119 Stevens Blvd.

Suite, Apt. #, etc
P.O. Box 510069

Suite, Apt. #, etc.

City & State
Key Colony Beach Fl.

City & State
Willoughby Oh

4. FEI Number
34-1552805

Applied For
Not Applicable

Zip
33051

Country

Zip
44094

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, PHILIP E.
711 OCEAN DRIVE
POST OFFICE BOX 510260
KEY COLONY BEACH FL 33051

Name ~~Jane A. Snavely~~ *Jeanne G. Snavely*
Street Address (P.O. Box Number is Not Acceptable)
~~38119 Stevens Blvd. #405~~ *601 Ocean Dr.*
City ~~Willoughby~~ *Key Colony Beach* **FL** Zip Code ~~44094~~ *33051*

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. **FL 33051**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, PHILIP G	
STREET ADDRESS	711 OCEAN DR.	
CITY-ST-ZIP	KEY COLONY BEACH FL	
TITLE	SD Snavely	<input type="checkbox"/> Delete
NAME	SNAREY, JEANNE G	
STREET ADDRESS	601 OCEAN DR. / PO BOX 510069	
CITY-ST-ZIP	KEY COLONY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne G. Snavely
Jeanne G. Snavely

3/29/00

Date

410 9513363

Daytime Phone #

4/26/00

355 229 1111

CR2E034 (9/99)