

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90301 014 ***150.00

0616628

DOCUMENT # J77631

1. Entity Name

EDWARDS & PLATT, P.A.

EDWARDS, PLATT, RAULBORN, & COMPANY P.A.

Principal Place of Business

**101 E. MAHONEY ST.
PLANT CITY FL 33566**

Mailing Address

**P.O. BOX 789
PLANT CITY FL 33564**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2804219**

Applied For

Not Applicable

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

**PLATT, RANDELL L
101 E. MAHONEY ST.
PLANT CITY FL 33566**

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	PLATT, RANDELL L.	
STREET ADDRESS	1306 OAKWOOD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	PLATT, RANDELL L.	<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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL D RAULBORN	
STREET ADDRESS	2911 ASTON AVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN COAKLEY	
STREET ADDRESS	2332 FAIRWAY DR	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY C JANSEN	
STREET ADDRESS	4842 WILLIAMSTOWN BLVD	
CITY-ST-ZIP	LOKBLAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: **RZ PLATT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDELL L. PLATT, PRES

3/31/01 813.752.4991

Date Daytime Phone #

CR2E034 (10/00)