FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 97153

1. Entity Name

Douglas F. Edwards, CPA, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4025 Tampa Road	Same
Suite, Apt. #, etc.: Suite #1110	Suite, Apt. #, etc.:
City & State: Oldsmar, FL	City & State:
Zip: 34677 Country: US	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2850369 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Edwards, Douglas F.

Street Address (P.O. Box Number is Not Acceptable): 4025 Tampa Road, Suite 1110

City: Oldsmar FL Zip Code: 34677

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] 4/25/02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	Douglas F. Edwards	NAME	
STREET ADDRESS	4025 Tampa Road, Ste 1110	STREET ADDRESS	
CITY-ST-ZIP	Oldsmar, FL 34677	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

201.25 - AR
10.00 - ARARTS
88.75 - ARSUPP

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/02 813-855-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #