

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90005 023 ***150.00

DOCUMENT # K11092

1. Entity Name

EDOEDROB, INC.

Principal Place of Business

% EDWARDS, EDDLEMAN, ROBERTS.ET AL P.A.
5205 VILLAGE BLVD
WEST PALM BEACH FL 33407-6111

Mailing Address

% EDWARDS, EDDLEMAN, ROBERTS.ET AL P.A.
5205 VILLAGE BLVD
WEST PALM BEACH FL 33407-6111

803228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2161 ARDLEY CT.

Suite, Apt. #, etc.

3. Mailing Address

2161 ARDLEY CT

Suite, Apt. #, etc.

JUNO ISLES FLA

City & State

JUNO ISLES, FLA.

City & State

JUNO ISLES FLA

Zip

33408

Country

Zip

33408

Country

USA

4. FEI Number

65-0019440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS EDDLEMAN ROBERTS ET AL P.A.
5205 VILLAGE BLVD
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Same EDOEDROB

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

2161 ARDLEY CT

JUNO ISLES FLA

City

FL

Zip Code

33408

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

TITLE	D	<input type="checkbox"/> Delete
NAME	O'HARA, BERNARD F.	
STREET ADDRESS	5205 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, CHARLES G.	
STREET ADDRESS	5205 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDDLEMAN, ROBERT	
STREET ADDRESS	5205 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, EARL J.	
STREET ADDRESS	5205 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as 2+3	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as 2+3	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as 2+3	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as 2+3	
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles G. Edwards

1/15/2001

Date

561-626-1672

Daytime Phone #

CR2E034 (10/00)