

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K23831

1. Entity Name

EDB CONSULTING GROUP INCORPORATED

Principal Place of Business

3221 TAMiami TRAIL
SUITE E
PORT CHARLOTTE FL 33952
US

Mailing Address

PO BOX 380633
MURDOCK FL 33938-0633
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEARN, JOHN J.
1202 NE 93 ST
MIAMI SHORES FL 33138

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, 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 D ☐ Delete
NAME BROWN, EDNA M.
STREET ADDRESS 18066 AVONSDALE CIR
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ Delete
NAME BROWN, DONALD B. JR
STREET ADDRESS 18066 AVONSDALE CIR
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ Delete
NAME BROWN, ELIZABETH A
STREET ADDRESS 1341 E CAPITOL ST SE, APT 301
CITY-ST-ZIP WASHINGTON DC

TITLE D ☐ Delete
NAME MIMS, ROBIN
STREET ADDRESS 4349 DECATUR DR
CITY-ST-ZIP WOODBRIDGE VA

TITLE D ☐ Delete
NAME BROWN, DOUGLAS A
STREET ADDRESS 709 SECRET HARBOR LANE #213
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ Delete
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

TITLE ☒ Change ☐ Addition
NAME Brown, Douglas A.
STREET ADDRESS 167 Golfside Circle
CITY-ST-ZIP Sanford, Florida 32278

TITLE ☐ Change ☐ 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:

Donald B. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/00

Daytime Phone #

(941) 624-3527

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90065 047 ***150.00



DO NOT WRITE IN THIS SPACE