

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90273 008 ***150.00

DOCUMENT # K61000

1. Entity Name
EDWARDS EXTERMINATING, INC.



Principal Place of Business
GLENN I. EDWARDS
465 CANAVERAL GROVES BLVD.
COCOA FL 32926

Mailing Address
GLENN I EDWARDS
467 CANAVERAL GROVES BLVD
COCOA FL 32926
US

10022543



2. Principal Place of Business
3535 North US1

3. Mailing Address
3535 North US1

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
COCOA, FL.

City & State
COCOA, FL.

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip **32926** Country **USA**

Zip **32926** Country **USA**

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, GLENN I.
467 CANAVERAL GROVES BLVD
COCOA FL 32926

NEW
4270 KNOXVILLE
AVE
COCOA, FL.
32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Glenn I Edwards*
Signature, typed or printed name of registered agent and title if applicable.

2-12-03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **EDWARDS, GLENN I.**
STREET ADDRESS **467 CANAVERAL GROVES BLV**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **EDWARDS, LINDA M.**
STREET ADDRESS **467 CANAVERAL GROVES BV**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn I Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 **321** **632-6964**
Date Daytime Phone #

CR2E034 (10/02)