

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000010155**

1. Entity Name

EDGEWOOD VENTURE, L.C.

Principal Place of Business

2128 EDGEWOOD DRIVE, SUITE 109
LAKELAND FL 33803

Mailing Address

2128 EDGEWOOD DRIVE, SUITE 109
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

225 E. Lemon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

City & State

Lakeland, FL

Zip

Country

Zip

Country

33801

Polk, USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3721585

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Howe D. Whitman	
STREET ADDRESS	1400 Grasslands Blvd #37 Lakeland, FL 33803	
CITY-ST-ZIP		

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Mr. John A. Rodda	
STREET ADDRESS	2128 E. Edgewood Dr. #109	
CITY-ST-ZIP	Lakeland, FL 33803	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. John A. Rodda	
STREET ADDRESS	2128 E. Edgewood Dr. Ste 109	
CITY-ST-ZIP	Lakeland, FL 33803	

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		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-12-2002 90576 043 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

4/25/02 863-577-0405