

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90065 042 ***150.00

0345247

DOCUMENT # L08617

1. Entity Name
CECIL EDGE & ASSOCIATES, INC.

Principal Place of Business
**6212 BAYSHORE BLVD
 UNIT K
 TAMPA FL 33611**

Mailing Address
**6212 BAYSHORE BLVD
 UNIT K
 TAMPA FL 33611**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-2966108**
 Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~R. JAMES ROBBING, JR.~~
~~101 EAST KENNEDY BOULEVARD~~
~~SUITE 3700~~
~~TAMPA FL 33602-0000~~

7. Name and Address of New Registered Agent

Name **JEREMY P. ROSS**
 Street Address (P.O. Box Number is Not Acceptable)
220 So. FRANKLIN ST
 City **TAMPA** FL Zip Code **33602**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-01
 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 **DPT** ☐ Delete
 NAME **EDGE, CECIL E JR**
 STREET ADDRESS **3212 BAYSHORE BLVD UNIT K**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **DVS** ☐ Delete
 NAME **EDGE, LINDA B**
 STREET ADDRESS **3212 BAYSHORE BLVD UNIT K**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ Delete
 NAME **EDGE, KEVIN L**
 STREET ADDRESS **1020 S. CRESCENT HEIGHTS BLVD**
 CITY-ST-ZIP **LOS ANGELES CA 90035**

TITLE **D** ☐ Delete
 NAME **EDGE, SHANNON**
 STREET ADDRESS **6212 BAYSHORE BLVD UNIT K**
 CITY-ST-ZIP **TELLURIDE CO 33611**

TITLE **D** ☐ Delete
 NAME **EDGE, KATHLEEN**
 STREET ADDRESS **4808 LONGFELLOW AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **3129 Villa Rosa**
 CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **35 Davis Circle**
 CITY-ST-ZIP **Chapel Hill, NC 27514**

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.

CECIL E EDGE, JR. DPT
SIGNATURE: *[Signature]* **Cecil Edge** **4/14/01** **813-251-8002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)