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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                            |                                                                    |                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L08617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                            |                                                                    |                                |  |
| 1. Entity Name<br><b>CECIL EDGE &amp; ASSOCIATES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                            |                                                                    |                                                                                                                 |  |
| Principal Place of Business<br>6212 BAYSHORE BLVD<br>UNIT K<br>TAMPA, FL 33611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                            | Mailing Address<br>6212 BAYSHORE BLVD<br>UNIT K<br>TAMPA, FL 33611 |                                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                            | 3. Mailing Address                                                 |                                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                            | Suite, Apt. #, etc.                                                |                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                            | City & State                                                       |                                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                       | Zip                                        | Country                                                            | 4. FEI Number<br><b>59-2966108</b>                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                            |                                                                    | Applied For<br>Not Applicable                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                            |                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                            |                                                                    | 7. Name and Address of New Registered Agent                                                                     |  |
| ROSS, JEREMY P<br>220 SO FRANKLIN STREET<br>TAMPA, FL 33602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                            |                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when submitting.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                            |                                                                    |                                                                                                                 |  |
| FILE NOW!!! FEE IS \$160.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                            |                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DPT                           | <input type="checkbox"/> Delete            | TITLE                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EDGE, CECIL E JR              |                                            | NAME                                                               |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3212 BAYSHORE BLVD UNIT K     |                                            | STREET ADDRESS                                                     |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 33611               |                                            | CITY-ST-ZIP                                                        |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DVS                           | <input type="checkbox"/> Delete            | TITLE                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EDGE, LINDA B                 |                                            | NAME                                                               |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3212 BAYSHORE BLVD UNIT K     |                                            | STREET ADDRESS                                                     |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 33611               |                                            | CITY-ST-ZIP                                                        |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                             | <input type="checkbox"/> Delete            | TITLE                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EDGE, KEVIN L.                |                                            | NAME                                                               |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1020 S. CRESCENT HEIGHTS BLVD |                                            | STREET ADDRESS                                                     |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LOS ANGELES, CA 90035         |                                            | CITY-ST-ZIP                                                        |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                             | <input checked="" type="checkbox"/> Delete | TITLE                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EDGE, SHANNON                 |                                            | NAME                                                               | Edge Shannon                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3129 VILLA ROSA               |                                            | STREET ADDRESS                                                     | 5000' Culbreath Key Way, Apt 301                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 33611               |                                            | CITY-ST-ZIP                                                        | TAMPA, FL 33611                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                             | <input type="checkbox"/> Delete            | TITLE                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EDGE, CATHLEEN                |                                            | NAME                                                               | Edge, Cathleen                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3008 HOPE VALLEY RD           |                                            | STREET ADDRESS                                                     | 1436 Airport Rd.                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DURHAM, NC 27707              |                                            | CITY-ST-ZIP                                                        | Chapel Hill, NC 27514                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <input type="checkbox"/> Delete            | TITLE                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                            | NAME                                                               |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                            | STREET ADDRESS                                                     |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                            | 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                            | 5/14/03 813-251-8002                                               |                                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                            | Date Daytime Phone #                                               |                                                                                                                 |  |

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