2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # | 14174** May 07, 2000 8:00 am Secretary of State 1. Entity Name EDWRITE, INC. 05-07-2000 90026 030 ***150.00 Mailing Address Principal Place of Business % EDWARD C MARTIN % EDWARD C MARTIN 1818 RACQUET CT 1818 RACQUET CT NORTH LAUDERDALE FL 33068-5445 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address 6941 NW 5 STREET 6941 NW 5 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0145937 PLANTATION, FL PLANTATION, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33317 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD C. MARTIN Street Address (P.O. Box Number is Not Acceptable) MARTIN, EDWARD C. 1818 RACQUET CT **NORTH LAUDERDALE FL 33068** City PLANTATION 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. Education (EDWARD C. 1997) President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE NAME MARTIN, EDWARD C NAME 6941 NW 5 STREET STREET ADDRESS STREET ADDRESS 1818 RACQUET CT CITY-ST-ZIP CITY-ST-ZIF <u>n lauderdale fl</u> ☐ Addition ☐ Delete TITLE MARTIN, MARGARET J NAME NAME STREET ADDRESS STREET ADDRESS 1818 RACQUET CT CITY-ST-ZIP CITY-ST-7IP N LAUDERDALE FL TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE: _

TITLE NAME STREET ADDRESS

COWARD C. MARTIN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete