2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90085 019 ***158.75

DOCUMENT # P00000015520

1. Entity Name
EDMETRICS, INC.

Principal Place of Business
520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502

Mailing Address
520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6436 NW 38 TERR
Suite, Apt. #, etc.

City & State: GAINESVILLE FL
Zip: 32653 Country: USA

3. Mailing Address
6436 NW 38 Terr
Suite, Apt. #, etc.

City & State: GAINESVILLE FL
Zip: 32653 Country: USA

4. FEI Number 65-1018494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ONEIL, BECKY
520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502

7. Name and Address of New Registered Agent

Name: STEVEN D. STARK
Street Address (P.O. Box Number is Not Acceptable)
6436 NW 38 TERRACE
City: GAINESVILLE FL Zip Code: 32653

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 _____ DATE 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ONEIL, WILLIAM 520 HARBOR GATE WAY LONGBOAT KEY FL 34228-3502	☐ Delete	DC BAX, JAMES 3015 windsor Way Tallahassee FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAY, JAMES 6565 GULFSIDE DR LONGBOAT KEY FL 34228	☒ Delete	DP STEVEN D. STARK 6436 NW 38 TERRACE GAINESVILLE FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LINDNER, BILL 2807 THOMASVILLE RD TALLAHASSEE FL 32312	☒ Delete	DS James A. BAX JR. 6705 old Station Rd West Chester OH 45069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, BOB 1400 KENILWARTH SARASOTA FL 34231	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SCANNED _____ 2/3/03 (352) 337 1834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #