

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 25 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000031581*

1. Entity Name

EDWARDS AND MYERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

307 EDGEWATER DRIVE

3. Mailing Address

307 EDGEWATER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DUNEDIN, FLORIDA

City & State
DUNEDIN, FLORIDA

4. FEI Number

59-3634194

Applied For
Not Applicable

Zip
34698

Country
PINELLAS

Zip
34698

Country
PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SKOCZYNSKI, BRUNO

Street Address (P.O. Box Number is Not Acceptable)

307 EDGEWATER DRIVE

City DUNEDIN

FL

Zip Code
34698

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

Bruno Skoczynski

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

(NOTE: Registered Agent signature required when reinstating.)

9-09-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
D
SKOCZYNSKI, BRUNO
STREET ADDRESS
CITY- ST- ZIP
307 EDGEWATER DR. DUNEDIN, FL 34698

TITLE
NAME
200008597342
STREET ADDRESS
CITY- ST- ZIP
10/25/02--01088--005 **900.00

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IN THIS SPACE**

PR 10/30

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruno Skoczynski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO SKOCZYNSKI 9-09-02

Date

Daytime Phone #

727-741-8844

CR2E034B (12/01)