

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90076 026 ***150.00

DOCUMENT # **P000000060280**

1. Entity Name

Edge Mechanical Service, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4219 3rd Ave East

3. Mailing Address

4219 3rd Ave East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-1016309

Applied For

Not Applicable

Zip

34208

Country

USA

Zip

34208

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Andre R. Perron, Esq.
Clark & Perron, P.A.
2808 Manatee Ave W
Bradenton, FL 34206

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **President** ☐ Delete
NAME **Kenneth Schuler**
STREET ADDRESS **4219 3rd Ave East**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **Vice President** ☐ Delete
NAME **~~Kenneth~~ Schuler, Tammy**
STREET ADDRESS **4219 3rd Ave East**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **Secretary** ☐ Delete
NAME **Tammy Schuler**
STREET ADDRESS **4219 3rd Ave East**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **Treasurer** ☐ Delete
NAME **Kenneth Schuler**
STREET ADDRESS **4219 3rd Ave East**
CITY-ST-ZIP **Bradenton, FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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.

SIGNATURE:

Kenneth Schuler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 (941) 750-9760

Date

Daytime Phone #

CR2E034 (11/00)