

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90193 041 \*\*\*150.00

**DOCUMENT # P00000067802**

1. Entity Name  
**EDGE BROTHERS CUSTOM PAINTING, INC.**



Principal Place of Business  
**643 MELTON RD  
BAKER FL 32531**

Mailing Address  
**P.O. BOX 182  
BAKER FL 32531**

2. Principal Place of Business

**643 melton Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**643 melton Rd.**  
Suite, Apt. #, etc.

City & State  
**BAKER FLA.**

City & State  
**BAKER FLA.**

4. FEI Number **59-3658121**

Applied For  
Not Applicable

Zip  
**32531**

Country  
**USA**

Zip  
**32531**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDUFFIE, MICHAEL S  
797 NORTH PEARL STREET  
CRESTVIEW FL 32536**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William M. Edge*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete  
NAME **EDGE, WILLIAM M**  
STREET ADDRESS **643 MELTON RD**  
CITY-ST-ZIP **BAKER FL 32531**

TITLE **Vice Pres** ☐ Change ☒ Addition  
NAME **Jim Henry Staines III**  
STREET ADDRESS **3233 Earl Kennedy Rd**  
CITY-ST-ZIP **Crestview, FL 32539**

TITLE **ST** ☐ Delete  
NAME **EDGE, JEFFREY P**  
STREET ADDRESS **1933 COTTON CREEK RD**  
CITY-ST-ZIP **BAKER FL 32531**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*William M. Edge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/03/03**  
Date

**850-537-5848**  
Daytime Phone #

CR2E034 (10/02)