FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90081 048 ***150.00

DOCUMENT # P00000071517

1. Entity Name
Edgemaster, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
872 Crestridge Circle	872 Crestridge Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs FL	City & State: Tarpon Springs FL
Zip: 34689 Country	Zip: 34689 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3659061 ☐ Applied For ☐ Not Applicable

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: James H. Collier Sr
Street Address (P.O. Box Number is Not Acceptable)
9110 Sterling Land
City: Port Richey FL FL Zip Code: 34668

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: James H. Collier Sr [signature] 4-25-02
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) ☐

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	P
NAME	McGinnis, Chris W
STREET ADDRESS	872 Crestridge Circle
CITY-ST-ZIP	Tarpon Springs FL 34689
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DO NOT WRITE IN THIS SPACE

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: [signature] Chris W. McGinnis 4-29-02 941-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #