2001 UNIFORM BUSINESS REPORT (UBR)

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P0000098263 Feb 13, 2001 8:00 am Secretary of State EDGE REALTY INC. 02-13-2001 90582 018 ***150.00 Principal Place of Business Mailing Address 649 5TH AVENUE SOUTH 649 5TH AVENUE SOUTH NAPLES FL 34102 NAPLES FL 34102 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 59- 368- 1699 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONELLO, DAVID Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34102 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 12. ′ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDE NT TITLE TITLE Change ☐ Addition ☐ Delete EDWARD MEKEE 936 HEDGEROW COURT NAME NAME STREET ADDRESS STREET ADDRESS BLUE BELL PA. 19422 CITY-ST-ZIP CITY-ST-7IP GREGORY HAUCK (V. PRES.) Delete Addition TITI F Change TITLE 112 NOTTAWAY DR. NAME NAME STREET ADDRESS STREET ADDRESS BLUEBELL PA 19422 ELIZABETH HAJCIL (SECT.) Delete CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME 112-NOTTAWAY DR STREET ADDRESS STREET ADDRESS BLUEBELL PA 19422 DOROTHY MOICEE (TRES.) Delete CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE 936 HEDGEROW COOLT NAME NAME STREET ADDRESS STREET ADDRESS BLUE BELL PA 18422 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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