

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90004 049 ***150.00

DOCUMENT # P00000098992

1. Entity Name
EDEL ENTERPRISES, INC.

Principal Place of Business 475 E EAU GALLIE BLVD SATELLITE BEACH FL 32937	Mailing Address 475 E EAU GALLIE BLVD SATELLITE BEACH FL 32937
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number SA-3682240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZIES, G PHILIP J
15 SILVER PALM AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
Name: Daniel H Edel
Street Address (P.O. Box Number is Not Acceptable): 475 E. EAU GALLIE BLVD
SATELLITE BEACH,
FL 32937

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: Daniel H. Edel **DATE: Feb 20, 2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	SEC. ZIES, G PHILIP J 15 SILVER PALM AVE MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DANIEL H. EDEL 475 E. EAU GALLIE BLVD SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Valerie Lindsay 475 E. EAU Gallie Blvd Satellite Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELIZABETH K WHITE PO BOX 1550 GRANBY CO 80446-1550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel H. Edel **DATE: Feb 20, 2001** **321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **777-9195**
Date **Daytime Phone #**

CR2E034 (10/00)