

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90089 010 ***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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3682240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDEL, DANIEL H
475 E. EAU GALLIE BLVD
SATELLITE BEACH FL 32937

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIES, G PHILIP J	
STREET ADDRESS	15 SILVER PALM AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	P	<input type="checkbox"/> Delete
NAME	EDEL, DANIEL H	
STREET ADDRESS	475 E. EAU GALLIE BLVD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINDSAY, VALERIE	
STREET ADDRESS	475 E. EAU GALLIE BLVD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, ELIZABETH K	
STREET ADDRESS	P.O. BOX 1550	
CITY-ST-ZIP	GRANBY CO 80446-1550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: *Elizabeth K White*
ENIZABETH K WHITE
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

970
887 2468

CR2E034 (9/01)