

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90073 018 ***150.00

DOCUMENT # P00000116059

1. Entity Name
TOM EDWARDS DESIGN, INC.

Principal Place of Business
7788-8 GREENBORO DRIVE
WEST MELBOURNE FL 32904

Mailing Address
7788-8 GREENBORO DRIVE
WEST MELBOURNE FL 32904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4291 Swanna Drive

4291 Swanna Drive

City & State

City & State

Melbourne FL

Melbourne FL

4. FEI Number

59-3688155

Applied For

Not Applicable

Zip

Country

Zip

Country

32901

USA

32901

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

EDWARDS, TOM
7788-8 GREENBORO DRIVE
WEST MELBOURNE FL 32904

Name **Tom Edwards**

Street Address (P.O. Box Number is Not Acceptable)

4291 Swanna Drive

City **Melbourne**

FL

Zip Code

32901

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

4-15-02

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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **EDWARDS, TOM**
 STREET ADDRESS **7788-8 GREENBORO DRIVE**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE **P** ☒ Change ☐ Addition
 NAME **Tom Edwards**
 STREET ADDRESS **4291 Swanna Drive**
 CITY-ST-ZIP **Melbourne FL 32901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 321-432-2463

CR2E034 (9/01)