

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90045 010 \*\*\*150.00

**DOCUMENT # P01000010611**

1. Entity Name  
**EDSTOCK, INC.**



Principal Place of Business  
**3286 COMMERCIAL WAY  
SPRING HILL, FL 34606**

Mailing Address  
**185227 AUTUMN LAKE BLVD  
HUDSON, FL 34667**

2. Principal Place of Business

3. Mailing Address  
**18227 AUTUMN LAKE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**HUDSON, FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3692612**

Applied For  
Not Applicable

Zip Country

Zip Country  
**34667**

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

**STOCKHANSEN, BRAD H  
19227 AUTUMN LAKE BLVD  
HUDSON, FL 34667**

Name  
**STOCKHAUSEN, BRAD H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**18227 AUTUMN LAKE BLVD.**

City  
**HUDSON** FL Zip Code  
**34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *x Brad Stockhausen*

*x 4-29-03*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$560.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
STOCKHAUSEN, BRAD H  
18227 AUTUMN LAKE BLVD  
HUDSON, FL 34667**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/S/T  
STOCKHAUSEN, BRAD H.  
18227 AUTUMN LAKE BLVD.  
HUDSON, FL 34667**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VP  
EDWARDS, FAYE A  
W. 273 S 8675 HILLVIEW DR  
MUKWONAGO, WI 53149**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP  
EDWARDS, LAWRENCE M  
W. 273 S 8675 HILLVIEW DR  
MUKWONAGO, WI 53149**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Brad Stockhausen*

**BRAD H. STOCKHAUSEN**

*x 4-29-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (10/02)