

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**  
 03-11-2002 90086 017 \*\*\*150.00

**DOCUMENT # P01000030022**

**1. Entity Name**  
**EDGAR & SON AUTO & TRUCK REPAIR, INC.**

**Principal Place of Business**

**4411 161ST RD.**  
**LIVE OAK FL 32060**

**Mailing Address**

**4411 161ST RD.**  
**LIVE OAK FL 32060**

**2. Principal Place of Business**

**4411 161 Rd.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**4411 161 Rd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <b>Live oak FL</b>		<b>City &amp; State</b> <b>Live oak FL</b>		<b>4. FEI Number</b> <b>59-3716433</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> <b>32060</b>	<b>Country</b> <b>Swansea</b>	<b>Zip</b> <b>32060</b>	<b>Country</b> <b>Swansea</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WOOD, EDGAR C**  
**4411 161ST RD.**  
**LIVE OAK FL 32060**

**7. Name and Address of New Registered Agent**

<b>Name</b> <b>Edgar C Wood</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>4411 161 Rd</b>
<b>City</b> <b>Live oak</b>
<b>FL</b>
<b>Zip Code</b> <b>32060</b>

**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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>WOOD, EDGAR C</b>		<b>NAME</b>	
<b>STREET ADDRESS</b> <b>4411 161ST RD.</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>LIVE OAK FL 32060</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>WOOD, BONNIE M</b>		<b>NAME</b>	
<b>STREET ADDRESS</b> <b>4411 161ST RD.</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>LIVE OAK FL 32060</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>WHITE, NINA E</b>		<b>NAME</b>	
<b>STREET ADDRESS</b> <b>4277 161ST RD.</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>LIVE OAK FL 32060</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** Edgar C. Wood **Edgar C. Wood** **(2/22/2002)** **386-362-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)