FILED
Jul 22, 2002 8:00 am
Secretary of State
05-13-2002 90185 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045224

1. Entity Name
EDISCO, INC. OF FLORIDA

[redacted] - 39023

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5 BLUE HERON LANE PALM COAST FL 32137	5 BLUE HERON LANE PALM COAST FL 32137

2. Principal Place of Business	3. Mailing Address
1041 HAMPSTEAD LN	1041 HAMPSTEAD LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach FL	City & State: Ormond Beach FL
Zip: 32174 Country: USA	Zip: 32174 Country: USA

4. FEI Number: 59-3716833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, GREGG A
5 BLUE HERON LANE
PALM COAST FL 32137

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Gregg A. Smith
STREET ADDRESS	1041 Hampstead Ln
CITY-ST-ZIP	Ormond Beach FL 32174
	☐ Delete
TITLE	~~Sec/Treasurer~~
NAME	Bonnie D Smith
STREET ADDRESS	1041 Hampstead Ln
CITY-ST-ZIP	Ormond Beach FL 32174
	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Greg A. Smith 4/26/02 888-300-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #