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

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

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10769 BEACH BLVD

JACKSONVILLE FL 32246

P01000060548 DOCUMENT

Country

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32246

Suite, Apt. #, etc.

MANCINI, JOHN

City & State

Zip

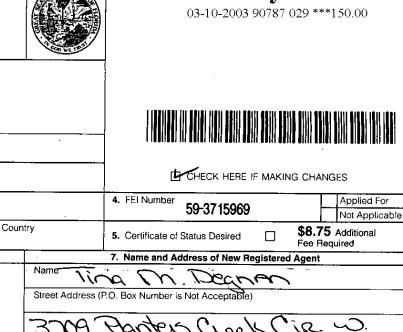
2. Principal Place of Business

10769 BEACH BLVD

EDGE REALTY OF JACKSONVILLE, INC.



FILED Mar 10, 2003 8:00 am § Secretary of State



9. Election Campaign Financing

Trust Fund Contribution.

2245 COLUMBIA WESTON FL 33326

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

SIGNATURE Signature, lyped or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

6. Name and Address of Current Registered Agent

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME MANCINI, JOHN NAME STREET ADDRESS 2245 COLUMBIA STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 CITY-ST-ZIP ☐ Delete TITLE zesident Change ☐ Addition NAME DEGNAN, TINA NAME STREET ADDRESS STREET ADDRESS 3709 PLANTERS CREEK CIRCLE WEST CITY-ST-ZIP CITY-ST-ZIP

JACKSONVILLE FL 32224 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

☐ Delete TITLE STREET ADDRESS CITY-ST-ZIP

Delete NAME STREET ADDRESS CITY-ST-ZIP

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

12. Thereby 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 on trustee ampowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 in ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

Change

☐ Addition