

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-22-2002 90260 049 ***150.00

DOCUMENT # P01000063310

1. Entity Name
THE EDWARDS GROUP, P.A.

Principal Place of Business **3337 Eiffel Dr** Mailing Address **3337 Eiffel Dr**
3337 EIFFEL DR. WEST **3337 EIFFEL DR. WEST**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1128219		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, WILLIAM J		Name	
337 EIFFEL DR. WEST		Street Address (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33417		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME V-President	
STREET ADDRESS		STREET ADDRESS Edwards	
CITY-ST-ZIP		CITY-ST-ZIP 3337 Eiffel Dr West Palm Bch FL 33417	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **7-18-02** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment

Doc. # 0100006330

39/76

Sir

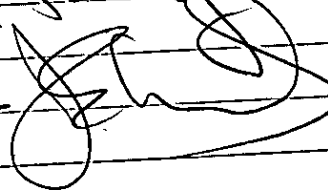
I called to find out why I had to register again. I spoke with Michelle on July 6 and she explained that a form had been sent out for me to correct something ago.

I told her I did not get it. She said he fell out the way from and enclosed Note explaining it.

Attachment
Doc. # P01000063310
39176

Was paid for
I had failed to
include the Federal
tax \$

Thank you
for your
Cooperation

Respectfully
With 

Home Phone
561-684-8671