2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

with an address, with all other like empowered

May 23, 2002 8:00 am Secretary of State P01000111593 DOCUMENT # 1. Entity Name JOHN EDGAR FINISHES, INC. 05-23-2002 90051 006 ***150.00 Principal Place of Business Mailing Address 3415 TIMBERWOOD CIRCLE 3415 TIMBERWOOD CIRCLE NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number - 1154652 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDGAR, JOHN Street Address (P.O. Box Number is Not Acceptable) 3415 TIMBERWOOD CIRCLE NAPLES FL 34105 City 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 age (NOTE: Registered Agent signature required wh instating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete Change NAME EDGAR, JOHN STREET ADDRESS 3415 TIMBERWOOD CIRCLE STREET ADDRESS CITY-ST-7IP NAPLES FL 34105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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

FILED