- 10/12/2002 11:19 3124038 GEORGE LEE 4

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Jun 04, 2003 8:00 am
Secretary of State
04-02-2003 90060 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069650

55046139

1. Entity Name
EDGEFIELD LIMITED, INC.

Principal Place of Business	Mailing Address
6574 N. STATE ROAD 7 SUITE 180 COCONUT CREEK FL 33073	6574 N. STATE ROAD 7 SUITE 180 COCONUT CREEK FL 33073

2. Principal Place of Business	3. Mailing Address
71 LAKE EDEN DR.	71 LAKE EDEN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33435 Country:	Zip: 33435 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3693711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, GEORGE
6574 N. STATE ROAD 7
SUITE 180
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name: LEE, GEORGE
Street Address (P.O. Box Number is Not Acceptable): 71 LAKE EDEN DR.
City: BOYNTON BEACH FL Zip Code: 33435

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: Mar 12 '03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GEORGE LEE 6574 N. STATE RD 7 #180 COCONUT CREEK FL 33073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mar 12 '03 (561) 375 9284
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR. Date. Daytime Phone #