

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90119 029 ***150.00

DOCUMENT # P37802



1. Entity Name
EDWARDS AND KELCEY, INC.

Principal Place of Business
**299 MADISON AVENUE
P.O. BOX 1936
MORRISTOWN NJ 07962
US**

Mailing Address
**299 MADISON AVENUE
P.O. BOX 1936
MORRISTOWN NJ 07962
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-1623519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MCMAHON, KEVIN
299 MADISON AVE
MORRISTOWN NJ 07962**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REFINSKI, ELIZABETH
299 MADISON AVE
MORRISTOWN NJ 07962**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BARRY, THOMAS E
299 MADISON AVE
MORRISTOWN NJ 07962**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
SANDS, ROBERT P
10238 RICH CIRCLE
BLOOMINGTON MN 55437**

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NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
HALLAHAN, RICHARD M
21 TROUT RUN DRIVE
MEDIA PA 19063**

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)