

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90021 020 ***150.00

DOCUMENT # P93000070515

1. Entity Name
EDGEWOOD, INC.

Principal Place of Business

**1834 HERMITAGE BLVD.
 SUITE 201
 TALLAHASSEE FL 32308**

Mailing Address

**1834 HERMITAGE BLVD.
 SUITE 201
 TALLAHASSEE FL 32308**

2. Principal Place of Business

**2019 Centre Pointe Blvd
 Suite, Apt. #, etc.
 Suite 101**

3. Mailing Address

**2019 Centre Pointe Blvd
 Suite, Apt. #, etc.
 Suite 101**



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3218493

Applied For

Not Applicable

Zip

Country

32308

U.S.A.

Zip

Country

32308

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOTTICE, H. JAY
 1834 HERMITAGE BLVD
 STE 201
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2019 Centre Pointe Blvd

Suite 101

City

Tallahassee

FL

Zip Code
32308

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PS**
 STREET ADDRESS **MOTTICE, H. JAY**
 CITY-ST-ZIP **1834 HERTIAGE BLVD., STE 201
 TALLAHASSEE FL 32308**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MOTTICE, JOHN P**
 CITY-ST-ZIP **1834 HERMITAGE BLVD STE 201
 TALLAHASSEE FL 32308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **2019 Centre Pointe Blvd., Suite 101**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS **2019 Centre Pointe Blvd., Suite 101**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature] **V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

850-386-2117

Daytime Phone #

CR2E034 (10/00)