

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90074 022 ***150.00

DOCUMENT # P94000027613

1. Entity Name
EDLYN ASSOCIATES CORPORATION

Principal Place of Business 4904 OLD OAKLEAF DRIVE SARASOTA FL 34233 US	Mailing Address P.O. BOX 20605 SARASOTA FL 34276-3605 US
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84-1000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 4658 Ashton Road		4. FEI Number 65-0916680		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State SARASOTA, FL					
Zip	Country	Zip	Country				
		34233	USA				

6. Name and Address of Current Registered Agent CAMPBELL, EDWARD C. 4904 OLD OAKLEAF DRIVE SARASOTA FL 34233				7. Name and Address of New Registered Agent			
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.

SIGNATURE EDWARD C. CAMPBELL *Edward C. Campbell* 4/20/02
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, EDWARD C.		NAME		
STREET ADDRESS	4904 OLD OAKLEAF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP		
TITLE	VPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, CAROLYN D		NAME		
STREET ADDRESS	4904 OLD OAKLEAF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		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: Edward C. Campbell *Edward C. Campbell* 4/20/02 (941) 925-7083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)