2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P94000047893 1. Entity Name EDGINGTON ENTERPRISES, INC. 4-19-2001 90004 044 ***150.00 Principal Place of Business Mailing Address 1150 W MINNEOLA AVE 1150 W MINNEOLA AVE CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3265204 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired = مي د Fee Required : -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDGINGTON, ANDREA C Street Address (P.O. Box Number is Not Acceptable) 11038 CRESCENT BAY BLVD. CLERMONT FL 34711 Zip Code FL 8. The about named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE n reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE **EDGINTON, LAUREN** NAME NAME 10 DOVE CIRCLE STREET ADDRESS STREET ADDRESS CLEMSON SC 29631 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition EDINGTON, ANDREA C NAME NAME STREET ADDRESS 11038 CRESCENT BAY BLVD. STREET ADDRESS CITY-ST-ZIP **CLERMONT FL 34711** CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change EDGINGTON, ADAM NAME NAME STREET ADDRESS 10 DOVE CIRCLE STREET ADDRESS CITY-ST-ZIP CLEMSON SC 29631 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EDGINGTON, PHILIP A NAME NAME STREET ADDRESS 11038 CRESCENT BAY BLVD STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATU

SIGNATURE: