

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90036 026 \*\*\*150.00

DOCUMENT # **P94000048063**

1. Entity Name  
**EDAL INC**



**DO NOT WRITE IN THIS SPACE**

**90130825**

2. Principal Place of Business  
**180 CYPRESS, WA, E**

3. Mailing Address  
**180 CYPRESS WA, E**

Suite, Apt. #  
**B 212**

Suite, Apt. #  
**B212**

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number  
**59-3262530**

Applied For  
Not Applicable

Zip  
**34110**

Country  
**USA**

Zip  
**34110**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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**7. Name and Address of Current Registered Agent**

Name  
**EDMUND R. McGRATH**

Street Address (P.O. Box Number is Not Acceptable)  
**180 CYPRESS WA, E**

City  
**NAPLES FL**

Zip Code  
**34110**

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 **EDMUND R McGRATH PRES Edmund R. McGrath 4/22/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
**PRES**  
NAME  
**EDMUND R. McGRATH**  
STREET ADDRESS  
**180 CYPRESS WAY EAST**  
CITY - ST - ZIP  
**NAPLES FL 34110**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Edmund R. McGrath** **EDMUND R McGRATH 4/22/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director Phone #

CR2E034B (12/02)