

**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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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EDMUND R. McGRATH

Street Address (P.O. Box Number, if 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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's Phone #

CR2E034B (12/02)