

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000065078

FILED
Jan 16, 2002 8:00 AM
Secretary of State

Entity Name: EDCO FINANCIAL SERVICES, INC.

Current Principal Place of Business:

623 N. MAIN ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 2600
JACKSONVILLE, FL 32232 US

New Mailing Address:

FEI Number: 59-3282020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT MOORE SAPP MACDONALD & WELLS, P.A.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BRANT, ABRAHAM, REITER AND MCCORMICK PA
50 NORTH LAURA ST.
SUITE 2750
JACKSONVILLE, FL 32202 US

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: DAVID ABRAHAM, PA

01/16/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCracken, Sandra
Address: 623 N. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: COARSEY, MARSHA M
Address: 623 N. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: FANE, GARY
Address: 623 N MAIN ST
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: METTKE, PAUL
Address: 623 N MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: HIRABAYASHI, JOHN
Address: 623 N MAIN ST
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: INMAN, D. SAMUEL
Address: 623 N MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. SAMUEL INMAN

P

01/16/2002

Electronic Signature of Signing Officer or Director

Date