

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90089 023 ***158.75

0051904 AV

DOCUMENT # P94000072606

1. Entity Name
EDGEWOOD OAKS, INC.

Principal Place of Business
16706 TEQUESTA TR.
CLERMONT FL 34711

Mailing Address
P.O. BOX 120989
CLERMONT FL 34711
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3274957**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HERBERT L
16706 TEQUESTA TR.
CLERMONT FL 34711

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 _____
 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) ☐

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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
 NAME **P SMITH, HERBERT L** ☐ Delete
 STREET ADDRESS **16706 TEQUESTA TR**
 CITY-ST-ZIP **CLERMONT FL**

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME **SECRETARY** ☐ Change ☒ Addition
 STREET ADDRESS **Jill Huntington-Smith**
 CITY-ST-ZIP **16706 TEQUESTA TR. CLERMONT, FL. 34711**

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Delete
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 CITY-ST-ZIP _____

TITLE _____
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TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 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: **Herbert L. Smith** **Herbert L. Smith** **4-15-02** **352-394-6639**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)