

DOCUMENT # P940000/4429

## 1. Entity Name

EDWARDS &amp; EDWARDS, CPAS, P.A.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90168 024 \*\*\*150.00

## Principal Place of Business

171 12TH ST WEST  
 BRADENTON FL 34205  
 US

## Mailing Address

9904 SPOONBILL RD. E.  
 BRADENTON FL 34209  
 US

## 2. Principal Place of Business

717 12TH ST. WEST

## 3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

## City &amp; State

BRADENTON, FLORIDA

## City &amp; State

4. FEI Number 65-0523073

Applied For

Not Applicable

## Zip

34205

## Country

US

## Zip

## Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

EDWARDS, SCOTT B  
 9904 SPOONBILL ROAD EAST  
 BRADENTON FL 34209

## 7. Name and Address of New Registered Agent

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, 2001 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

TITLE D  
 NAME EDWARDS, SCOTT B  
 STREET ADDRESS 9904 SPOONBILL ROAD  
 CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE D  
 NAME EDWARDS, MARY J  
 STREET ADDRESS 9904 SPOONBILL ROAD  
 CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Mary J. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J. EDWARDS

Date

1/23/01

Daytime Phone #

941-750-6411

CR2E034 (10/00)