

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90141 026 ***150.00

DOCUMENT # P96000006309

1. Entity Name
ELECTRONIC DESIGN & DOCUMENTATION, INC.

Principal Place of Business

165 E VENICE AVE
 STE A
 VENICE FL 34285
 US

Mailing Address

165 E VENICE AVE
 STE A
 VENICE FL 34285
 US

2. Principal Place of Business

153 Progress Circle

3. Mailing Address

153 Progress Cir.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Venice Florida

City & State

Venice Florida

Zip

34292

Country

USA

Zip

34292

Country

USA

4. FEI Number

65-0638488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCHUGH, JAMES R
165 E VENICE AVE
STE A
VENICE FL 34292

7. Name and Address of New Registered Agent

Name **McHugh, James R.**

Street Address (P.O. Box Number is Not Acceptable)

153 Progress Circle

Suite A

City **Venice**

FL

Zip Code

34292

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

BO 1/18/01

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	P	<input type="checkbox"/> Delete
NAME	MCHUGH, JAMES R.	
STREET ADDRESS	165 E VENICE AVE STE A 153 Progress Cir. STE A	
CITY-STATE-ZIP	VENICE FL 34285-34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

941 488 2022

CR2E034 (10/00)