

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90179 026 ***150.00

DOCUMENT # P97000062928

1. Entity Name
EDI'S PLACE, INC.



Principal Place of Business
**6809 N DIXON AVE
TAMPA FL 33604**

Mailing Address
**6809 N DIXON AVE
TAMPA FL 33604**

2. Principal Place of Business

3625 New Jersey Rd

Suite, Apt. #, etc.

#136

3. Mailing Address

PO Box 2806

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3463291

Applied For

☐ Not Applicable

Zip

33803

Country

USA

Zip

33806

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEPERE, WILLIAM R SR.
6809 N DIXON AVE
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name

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

3625 New Jersey Rd #136

City

Lakeland, FL

FL

Zip Code

33803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DP** ☐ Delete
NAME **LEPERE, SR WILLIAM R**
STREET ADDRESS **6809 N DIXON AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **DST** ☐ Delete
NAME **LEPERE, EDITH C**
STREET ADDRESS **6809 N DIXON AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3625 New Jersey Rd #136**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3625 New Jersey Rd #136**
CITY-ST-ZIP **Lakeland, FL 33803**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM R LEPERE, Sr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/03 863-609-6842

CR2E034 (10/02)