

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069941

1. Entity Name

E. DANE GROUP, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-23-2000 90232 017 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2006
 NEW SMYRNA BCH FL 32170
 US

P.O. BOX 2006
 NEW SMYRNA BCH FL 32170-2006
 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

59-3467024

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

SPENCE, HAL
 221 N. CAUSEWAY
 NEW SMYRNA BEACH FL 32169

NOTE!
 CORRECTION →

Name Joanna M. McKenney
 Street Address (P.O. Box Number is Not Acceptable) PO Box 2006 806 17th Ave
NEW SMYRNA BEACH FL 32169
 City NEW SMYRNA BEACH FL Zip Code 32170

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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, 2000 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 ☐ Delete
 NAME PVPS
 STREET ADDRESS MCKENNEY, JOANNA M
 CITY-ST-ZIP PO BOX 2006, 804 22ND AVE
NEW SMYRNA BCH FL 32170

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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)(f), 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:

Joanna M. McKenney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

904-409-0750

Daytime Phone #

CR2E034 (9/99)