

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069941

1. Entity Name
E. DANE GROUP, INC.

Principal Place of Business
P.O. BOX 2006
NEW SMYRNA BCH FL 32170
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

MCKENNEY, JOANNA M
806 17TH AVE
NEW SMYRNA BEACH FL 32169

Name *Joanna McKenney*
Street Address (P.O. Box Number is Not Acceptable)
763 Pine Shore Circle
City *New Smyrna Beach* FL Zip Code *32169*

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
MCKENNEY, JOANNA M
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
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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: *Joanna M. McKenney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90018 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)