

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90023 040 \*\*\*150.00

**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

**5275 S. Atlantic Ave**

3. Mailing Address

**PO 2006**

Suite, Apt. #, etc.

**#1208**

Suite, Apt. #, etc.

City & State

**New Smyrna Beach FL**

City & State

**New Smyrna Beach FL**

Zip

**32169**

Country

**USA**

Zip

**32170**

Country

**USA**

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

**MCKENNEY, JOANNA M**

**NEW SMYRNA BEACH FL 32170**

**NEW SMYRNA BEACH FL 32170**

**32170**

**PO Box 2006  
 New Smyrna Beach  
 FL 32170**

Name

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

**5275 S. Atlantic Ave #1208**

City

**New Smyrna Beach**

FL

Zip Code

**32169**

7. Name and Address of New Registered Agent

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)

**4/10/02**

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, 2002 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	PVPS	<input type="checkbox"/> Delete
NAME	MCKENNEY, JOANNA M	
STREET ADDRESS	PO BOX 2006, <del>NEW SMYRNA BEACH</del>	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*None*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5275 S. Atlantic Ave</b>	
CITY-ST-ZIP	<b>NEW Smyrna Beach FL 32169</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

**4/10/02**

DATE

**(384) 468-1484**

Telephone Phone #

CR2E034 (9/01)