

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90066 048 ***150.00

DOCUMENT # P97000082384

1. Entity Name
EDGEWOOD PROPERTIES, INC.

Principal Place of Business

903 RIVER OAKS RD
JACKSONVILLE FL 32207

Mailing Address

903 RIVER OAKS RD
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3480443

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANKLIN, BEN T JR.
903 RIVER OAKS RD
JACKSONVILLE FL 32207

Name

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

City

FL

Zip Code

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)

1/13/2002
 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: ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.


11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, BEN T JR	
STREET ADDRESS	903 RIVER OAKS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, KAREN K	
STREET ADDRESS	903 RIVER OAKS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2002 904 613-5340
 Date Daytime Phone #

CR2E034 (9/01)