

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

0109710 AT

08-31-2001 90003 006 \*\*\*550.00

**DOCUMENT # P98000005675**

1. Entity Name  
**SPEEDY EDWARDS MAINTENANCE, INC.**

Principal Place of Business <b>321 23RD AVE.          APALACHICOLA FL 32320</b>	Mailing Address <b>321 23RD AVE.          APALACHICOLA FL 32320</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3487452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EDWARDS, TILTON H          321 23RD AVE.          APALACHICOLA FL 32320</b>	
7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT EDWARDS, TILTON H 321 23RD AVE. APALACHICOLA FL 32320</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VICE PRESIDENT DESTRY</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS EDWARDS, FLORA L 321 23RD AVE. APALACHICOLA FL 32320</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BURNSTEIN - DESTRY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SQUARE, PHILLIP J 321 23RD AVENUE APALACHICOLA FL 32320</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>340-24TH. AVE., APALACHICOLA, FL.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TIPTON, DENNIS T 340 24TH AVENUE APALACHICOLA FL 32320</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EDWARDS TILTON H** *Tilton H. Edwards* **P-28-2001-1-152653-1090**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)