

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000029520

FILED
Apr 29, 2003
Secretary of State

Entity Name: EDGE-U-CATE INC.

Current Principal Place of Business:

3019 NE 20 WAY
STE 1
GAINESVILLE, FL 32609

Current Mailing Address:

3019 NE 20 WAY
STE 1
GAINESVILLE, FL 32609

New Principal Place of Business:

200 COMMERCE CIRCLE
N
YORKTOWN, VA 23693

New Mailing Address:

P.O. BOX 14353
NEWPORT NEWS, VA 23608

FEI Number: 59-3506824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCHMAN, ALAN J
5920 NW 38 TERRACE
GAINESVILLE, FL 32653

Name and Address of New Registered Agent:

HOCHMAN, KAROL N
9310 SW 104 AVE
MIAMI, FL 33176

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: KAROL N. HOCHMAN

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOCHMAN, ALAN J
Address: 5920 NW 38 TERRACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOCHMAN, ALAN J
Address: 461 WARNER HALL PLACE
City-St-Zip: NEWPORT NEWS, VA 23608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN J. HOCHMAN

P

04/29/2003

Electronic Signature of Signing Officer or Director

Date