

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2004 8:00 A.
Secretary of State

DOCUMENT # P98000031462

1. Entity Name
EDWARDS LOADER SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5114 N.E. COUNTY ROAD 660
ARCADIA FL 34266

Mailing Address
5114 N.E. COUNTY ROAD 660
ARCADIA FL 34266

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0835700**

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

EDWARDS, SHAWN W
5114 N.E. COUNTY ROAD 660
ARCADIA FL 34266

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)

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
ATTN: 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 NAME STREET ADDRESS CITY-ST-ZIP	DST EDWARDS, JILL C 5114 N.E. COUNTY ROAD 660 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, SAM W JR 5114 N.E. COUNTY ROAD 660 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, SHAWN W 5114 N.E. COUNTY ROAD 660 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	800036552578 05/18/04--01053--024 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Jill C Edwards - Jill C. Edwards
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01
 Date

941-377-4683
 Daytime Phone #

Jill C Edwards Jill C Edwards 4/29/04 941-377-4683

Attachment

#PA8000031462

TO WHOM IT MAY CONCERN,

APRIL 25, 2004

WE DID NOT RECEIVE THE PACKET THIS YEAR. OUR ACCOUNTING FIRM
REMINDS ME OF THE NEED TO FILE THIS REPORT. I HAVE A COPY OF THE
REPORT THAT WAS FILED IN 2001, AND THERE WERE NO CHANGES IN THE
STATES OF EDWARDS LOADER SERVICE, INC.
PLEASE ACCEPT THE ENCLOSED MONEY ORDER TO COVER THE
NECESSARY FEE.
HOPEFULLY THIS WILL HELP TO GET OUR REPORT FILED.

RESPECTFULLY,



SHAWN W. EDWARDS
REGISTERED AGENT
EDWARDS LOADER SERVICE, INC.
5635 PALMER BLVD
SARASOTA, FL 34232
FED ID #65-0835700