

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035399

1. Entity Name
EDISON AUTO SALES, INC.

Principal Place of Business
2721 Fowler St
Ft. Myers, FL
33901

Mailing Address
18618 Spruce Dr E
Ft. Myers, FL
33912

FILED

00 FEB 21 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
2721 Fowler St
Suite, Apt. #, etc.

3. Mailing Address
18618 Spruce Dr E
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE


City & State Ft. Myers, FL **City & State** Ft. Myers, FL **4. FEI Number** 65-0917213 **Applied For** Not Applicable

Zip 33901 **Country** US **Zip** 33912 **Country** US **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHIRLEY E. SILVER
407 NE 6TH TER
CAPE CORAL

7. Name and Address of New Registered Agent
Name SHIRLEY E. SILVER
Street Address (P.O. Box Number is Not Acceptable) 18618 Spruce Dr. E.
City Ft. Myers, FL **FL** **Zip Code** 33912

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  **SHIRLEY E. SILVER**
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
After MAY 1, 2000 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 VTD NAME WILLIAM SILVER STREET ADDRESS 407 NE 6TH TER CITY-ST-ZIP CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Delete	TITLE NAME SHIRLEY E. SILVER STREET ADDRESS 18618 Spruce Dr E CITY-ST-ZIP FT. MYERS FL 33912 <input checked="" type="checkbox"/> Change <input checked="" 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		
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****150.00 ****150.00

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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:  **2-18-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)