

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000060510**



FILED

03 OCT 21 PM 1:39

1. Entry Name  
**D.W. EDWARDS & SONS, INC.**

Principal Place of Business  
**4085 SPRING CREEK HWY.  
CRAWFORDVILLE FL 32327**

Mailing Address  
**4085 SPRING CREEK HWY.  
CRAWFORDVILLE FL 32327**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT**  
CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **50-3519983**

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, DONALD  
4085 SPRING CREEK HWY.  
CRAWFORDVILLE FL 32327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P EDWARDS, DONALD  
4085 SPRING CREEK HWY  
CRAWFORDVILLE FL 32327** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300023985813  
10/21/03--01140--008 \*\*150.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

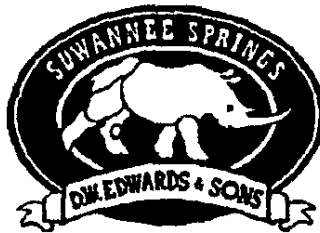
**9/3/2003**

Date

**(850) 386-4433**

Daytime Phone #

21 10/24



**LEATHER WORKS**  
TALLAHASSEE MALL 2415 N. MONROE ST. TALLAHASSEE, FL 32303  
(850) 386-HIDE (4433)

Sept. 3, 2003

To: Florida Division of Corporations

Re: D.W. Edwards and Sons, Inc.  
4095 Spring Creek Highway  
Crawfordville, FL 32327  
Failure to Receive Notice

To Whom It May Concern:

This letter is to attest the we did not receive a notice prior to this "2003 Uniform Business Report" that is to serve as our "60 day notice" of administrative corporate dissolution. In accordance with instructions on the form, we are enclosing this letter to have the \$400.00 late fee waived.

We have enclosed the normal \$150.00 renewal fee. Please notify us if there is a problem.

Sincerely,

  
Don Edwards  
President, D.W. Edwards and Sons, Inc.