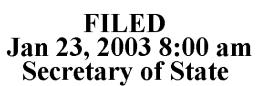
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



DOCU  1. Entity Nar  EDEC CO		# <b>P9800</b>	010	6571				01-23-2003 90084 012 ***150.00				
Principal Place of Business  1 BEACH DR. SE SUITE 220 ST. PETERSBURGH FL 33701				Mailing Address 1 BEACH DR. SE SUITE 220 ST. PETERSBURGH FL 33701								
2. Principal Place of Business			3. Mailing Address									•
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			·	4.	FEI Number <b>98-0200438</b>			oplied For ot Applicable	]
Zip Country		Country	Zip C		Cour	Country		Certificate of Status Desired		8.75 Add	ditional	1
	_ 6Name	and Address of Current I	Register	ed Agent—				Name and Address of New Re		•		
:		····				Name		<u></u>				1
ROBERGE, THOMAS CPA 1 BEACH DR. SE					Street Add	Address (P.O. Box Number is Not Acceptable)					}	
SUITE 220	0 🐪											1
ST. PETERSBÜRGH FL 33701								FL Zip Code				
8. The above the obligat	e named entity tions of regist	submits this statement for ered agent.	the purp	oose of changing its	register	ed office or re	gistered aç	gent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	1.
SIGNATURE	Signature typed	or printed name of registered agent a	nd title if end	Nicable (NOTE	2: Booistoro	d Agent signature (	required whee	reinestine)	DATE			
<del> </del>	· · · · · · · · · · · · · · · · · · ·		nd the ii apt	nicable. (1401)	:: negistere	o Agent signature i	equired when i	rainstating)	DAIE			╣.
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					9. Election Campaign Fina Trust Fund Contribution	~ ,		<b>0</b> May Be . I to Fees	
10.	·	OFFICERS AND (	DIRECTO	I PRS	11.		Al	<u>L</u> DDITIONS/CHANGES TO OFFI	CERS AND E	DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS	D MELBER, E 6342 MIDN	RNESTO IGHT PASS RD. #427		☐ Delete	TITLE NAM STRE				. [	Change	☐ Addition	CR2E034 (10/02)
CITY-ST-ZIP	1	FL 34242			CITY	-ST-ZIP						ZE03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELBER, E 6342 MIDN SARASOTA	IGHT PASS RD. #427		☐ Delete					Į.	Change	Addition	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-5° 54	The state of the s	₩ <sub>.</sub> ,&\g.,α	- ^-रंडि :Delete <del></del>	NAM! STRE	E ET ADDRESS -ST-ZIP	~~~~~ <u>~~</u>		_	<u> </u>	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4				[	Change	☐ Addition	
TITLE NAME Street Address City-St-Zip				Delete		l l			[	☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[	Change	Addition	
12. I hereby o	certify that the	information supplied with	his filina	does not qualify for			in Section	119.07(3)(i) Florida Statutes L	urther certify	that the ir	formation	1

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, withfall other like empowered.

SIGNATURE:

727 822 9393