## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000033736 **DOCUMENT #**

1. Entity Name

EDGEWATER ON THE BAY, INC.



**FILED** Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90138 006 \*\*\*150.00

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2. Principal Place of Business   Suite, Apt. 4, etc.   Suite, Apt.	Principal Place of Business 5410 NORTH BAY ROAD MIAMI BEACH FL 33140		5410	Mailing Address 5410 NORTH BAY ROAD MIAMI BEACH FL 33140				I PROGRADA KIO NAKIJA KRIJIY ODIKI A	1711 <b>51</b> 111 <b>1115</b> 1		(		
City 6 State  City 7 State  Ci	2. Principal Place of Business 3. Mailing Ad				ailing Address	Address							
Zip Country Zip Country Zip Country S. Certificate of Status Desired   S8.75 Additional Present Address of Current Registered Agent   7. Name and Address of New	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country   Zip   Country   Zip   Country   S. Certificate of Status Deared   \$8.75 Additional Fee Required   F	City & State				City & State			4.	FEI Number 65-0910919	 )		<u></u>	
TOBIN, MARK A 203 SW 13 STREET MAMIFL 33130  City  City  FL  Zip Code  6. The above named entity submissions streement for the purpose of changing its registered Agent	Zip		Country	Zip	,	Cour	ntry	5.			\$8.75 A	dditional	
TOBIN, MARK A 203 SW 13 STREET MIAMI FL 33130  City  FL  City  FL  Zip Code  Added to Fees  City Girage  Added to Fees  Added to Fees  City Girage  City		6. Name	and Address of Curre	nt Register	ed Agent	l	<del>                                     </del>	<del>: 7.</del> :	Name and Address of New I	Registered		ed	
Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. Box Number is Not Acceptable)							Name		THE PROPERTY OF THE PER	registered	Agent		
MIAMIF I 33130  6. The above named entity submiss; 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, or both, in the State of Florida. I am familiar with, and accept the obligations, of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and accept the following agent, or both, in the State of Florida. I am familiar with, and accept the following agent, or both, in the State of Florida. I am familiar with, and accept the following agent agen	TOBIN, MARK A					Chant Add /			<del></del>				
City   FL   Zip Code	203 SW	13 STREET	rang gy			Street Address			(M.O. Box Number is Not Acceptable)				
B. The above named entity submitistithis statement for the purpose of changing its registered office or registated agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	Miami Fl	. 33130					,			•	***	<del></del>	
B. The above named entity submitistithis statement for the purpose of changing its registered office or registated agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE			14.4				City	<del></del>	<del>"</del> ,		T 7: 0	<del></del> -	
SIGNATURE   Till NOW!! FEE IS \$150.00   After May 1, 2003 Fee will be \$55.00   May Be Added to Food Make Check Payable to Floridal Department of State	A.,. &		<u> </u>				'				<b>-</b> 1 '		
Signature, provider on replace of programment signance and sold in appointment of programment signance in appointment of programment signance in appointment of State   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP	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.												
FILE NOW!!! FEE IS S150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	Signature typed or printed physical registered agest and the first state of the first sta												
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12 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #