

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000043140**

1. Entity Name  
**EDWARDS WHOLESALE, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION.

00 OCT 18 PM 12:31

Principal Place of Business  
8850 THUNDERBIRD DR.  
PENSACOLA FL 32514

Mailing Address  
8850 THUNDERBIRD DR.  
PENSACOLA FL 32514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6660 Pens. Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**8850 Thunderbird Dr**  
Suite, Apt. #, etc.

City & State  
**Pens 71**

City & State  
**Pens. 71**

4. FEI Number  
**593575988**

Applied For  
 Not Applicable

Zip  
**32504**

Country  
**Escambia**

Zip  
**32514**

Country  
**Escambia**

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

**SAWYER, JOHN R. ESQ.**  
9 WEST GARDEN STREET, STE.346  
PENSACOLA FL 32501

**MIKE BURNS**  
103 West Intendencia St  
Pens 71. 32501

Name **MIKE BURNS**  
Street Address (P.O. Box Number is Not Acceptable)  
**103 W. Intendencia St.**  
City **Pensacola** FL Zip Code **32501**

Ph # **880438-3335**

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 *Debra L. Edwards* *Mike Burns Agent*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **7/6/00**

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 \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Michael D. Edwards</b> <b>8850 Thunderbird Dr</b> <b>Pens 71 32514</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Debra L. Edwards</b> <b>8850 Thunderbird Dr</b> <b>Pens 71 32504</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <b>Dona Idlorminos</b> <b>President/Owner</b> <b>Gulf Coast Jeep Chrysler</b>	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700003440177--1</b> <b>-10/26/00--01044--016</b> <b>*****158.75 *****158.75</b>	<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: *Debra L. Edwards* *Debra L. Edwards* **9/18/00** **880478-5030**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)