

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90036 037 \*\*\*150.00

**DOCUMENT # P99000043140**

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

Principal Place of Business  
**6660 PENS. BLVD**  
**PENSACOLA FL 32504**

Mailing Address  
**8850 THUNDERBIRD DR**  
**PENS. FL 32514**



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

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

DO NOT WRITE IN THIS SPACE

City & State  
*Pens 71*  
 Zip  
*32585*

Country  
*Escambia*

City & State  
*Pens 71.*  
 Zip  
*32574*

Country  
*Escambia*

4. FEI Number **59-3575988**

Applied For  
 Not Applicable

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**

**BURNS, MIKE**  
**103 WEST INTENDENCIA ST**  
**PENSACOLA FL 32501**

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.

SIGNATURE *Mike Burns* **MIKE BURNS**

DATE **4-30-01**

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, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, MICHAEL D</b>	
STREET ADDRESS	<b>8850 THUNDERBIRD DR</b>	
CITY-ST-ZIP	<b>PENS FL 32514</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, DEBRA L</b>	
STREET ADDRESS	<b>8850 THUNDERBIRD DR</b>	
CITY-ST-ZIP	<b>PENS FL 32514</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 3/1/01 850 478 5030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)