

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90123 026 ***158.75

DOCUMENT # **P99000043140**

1. Entity Name

Edwards Wholesale, Inc DBA Edwards Car & Truck Sales

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6400 Pensacola Blvd

3. Mailing Address

6400 Pensacola Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL

City & State

4. FEI Number

593575988

Applied For

Not Applicable

Zip

32505

Country

Escambia

Zip

32505

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michael or Debra Edwards

Street Address (P.O. Box Number is Not Acceptable)

880 Thunderbird Dr

City

Pens

FL

Zip Code

32514

**DO NOT WRITE
IN THIS SPACE**

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 Edwards up

4-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**President
Michael D Edwards
880 Thunderbird Dr
Pens FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE President
Debra C Edwards
880 Thunderbird Dr
Pens FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec/Treasurer
Debra C Edwards
880 Thunderbird
Pens FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pens FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

850-428 5050

Daytime Phone #

CR2E034B (12/01)