

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

850-478-5050

Daytime Phone #

CR2E034B (12/01)