

DOCUMENT # P99000050528

1. Entity Name

EMPLOYMENT DISPUTE RESOLUTIONS, INC.

Principal Place of Business

4801 S. UNIVERSITY DR
SUITE 102
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DR
SUITE 102
DAVIE FL 33328-3835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEWIS, VALERIE K ESQ.
4801 S. UNIVERSITY DR
SUITE 102
DAVIE FL 33328

Name

Street Address (

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE _____

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

(NOTE: Registered Agent signature required

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, 2000 Fee will be \$550.00
Make Check Payable to Department of Sta

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEWIS, VALERIE K
4801 S. UNIVERSITY DR
DAVIE FL 33328

☐ Delete

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S
indicated on this report or supplemental report is true and accurate and that my signature shall have the
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie K. Lewis, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)