

2001  
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**  
05-22-2001 90644 001 \*\*\*300.00

DOCUMENT # **P 990000 50695**  
Entity Name  
**EDGEcombe ENTERPRISES CORP.**

Principal Place of Business Mailing Address  
**630 NORTHWEST 76<sup>th</sup> AVE** **PMB # 205**  
**PLANTATION FL 33324** **707 W. BROWARD BLVD**  
**PLANTATION FL 33317**

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **65-0925815** Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL + UTRERA, PA.**  
**343 ALMERIA AVE.**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  
LE ME REET ADDRESS Y-ST-ZIP  
**WEHBY, DAVID S** ☐ Delete  
**630 NORTHWEST 76 AVE**  
**PLANTATION FL 33324**  
LE ME REET ADDRESS Y-ST-ZIP  
**WEHBY, JEREMY D** ☐ Delete  
**630 NORTHWEST 76 AVE**  
**PLANTATION FL 33324**  
LE ME REET ADDRESS Y-ST-ZIP  
LE ME REET ADDRESS Y-ST-ZIP  
LE ME REET ADDRESS Y-ST-ZIP  
LE ME REET ADDRESS Y-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

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: \_\_\_\_\_ Date **5/1/01** Daytime Phone # **(954) 476-9027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR