

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90116 029 ***150.00

DOCUMENT # P99000060192

1. Entity Name
MICHAEL EDWARDS INC.

Principal Place of Business Mailing Address
38452 12 AVE 38452 12 AVE
ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540-3744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5720 GALL BLVD. PO BOX 1944
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 5

City & State City & State
ZEPHYRHILLS FL ZEPHYRHILLS, FLORIDA

Zip Country Zip Country
33541 USA 33549-1944 USA

4. FEI Number Applied For
59-3585872 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, MICHAEL
38452 12 AVE
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

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

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 State

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

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P MICHAEL EDWARDS
STREET ADDRESS	38452 12M AVE
CITY-ST-ZIP	ZEPHYRHILLS - FL - 33540
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP DONALD CANTERBURY
STREET ADDRESS	10420 CANDY LN.
CITY-ST-ZIP	DADE CITY - FL - 33252
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: MICHAEL EDWARDS Date: 02 MAR 00 Daytime Phone #: 813 788 8852

CR2E034 (9/99)