

8/22

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90235 035 \*\*\*150.00

**DOCUMENT # P99000070681**

1. Entity Name

**A-EDWARDS & SONS INC**

P

**309626**

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |   |  |  |
|---|--|--|--|---|---|--|--|
| Principal Place of Business<br><b>4300 NW 38TH TERR<br/>LAUDERDALE LAKES FL 33309</b>   |  | Mailing Address<br><b>4300 NW 38TH TERR<br/>LAUDERDALE LAKES FL 33309</b>  |  | 4. FEI Number<br><b>65-1002622</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  |
| City & State  |  | City & State   |  | 6. Name and Address of Current Registered Agent<br><b>EDWARDS, ROBERT A<br/>4300 NW 38TH TERR<br/>LAUDERDALE LAKES FL 33309</b>                           |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| Zip   |  | Country  |  | 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   |  | 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) <input checked="" type="checkbox"/>  |  | FILE NOW!!! FEE IS \$550.00<br>After SEPTEMBER 13, 2000 Min. will be \$750.00<br>Make Check Payable to Department of State |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                      |   |  |  |
| 11. OFFICERS AND DIRECTORS  |  |  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ROBERT A. EDWARDS, <input type="checkbox"/> Delete <b>DIR/PRES</b><br>4300 NW 38TH TERRACE<br>LAUDERDALE, LAKES, FL. 33309 |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 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: <i>Robert A. Edwards</i>   |  |  |  | 8-17-00   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |  | Date Daytime Phone #  |   |  |  |

Attachment  
DOC. #

082100

PA99000070081

309624

July 26, 2000

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

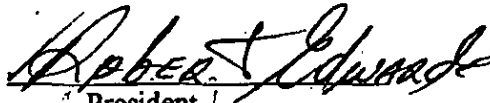
RE: A-EDWARDS & SONS, INC.  
2000 Uniform Business Report

Gentlemen:

Please be advised that this is a newly formed corporation and that we did not receive the original 2000 Uniform Business Report form nor did we receive your *FIRST NOTICE* of failure to file. We are in receipt of your *SECOND NOTICE*.

Since we did not receive the previous form or notice, we hereby request that this filing and payment of \$150.00 be considered as timely filing of this report. Your favorable consideration to this request will be sincerely appreciated.

A-EDWARDS & SONS, INC.

  
President