

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90159 039 \*\*\*150.00

DOCUMENT # **P99000071077**



1. Entity Name  
**BARBARA EDWARDS, INC.**

Principal Place of Business  
**11954 67 PLACE NORTH  
WEST PALM BEACH FL 33412**

Mailing Address  
**11954 67 PLACE NORTH  
WEST PALM BEACH FL 32412**



2. Principal Place of Business  
**7039 EIKHORN DRIVE**

3. Mailing Address  
**PO BOX 210836**

CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Bch FL**

City & State  
**Royal Palm Beach FL**

4. FEI Number **65-0944635**

Applied For  
 Not Applicable

Zip **33411** Country **USA**

Zip **33421** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EDWARDS, BARBARA  
11954 67 PLACE NORTH  
WEST PALM BEACH FL 32412**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7039 EIKHORN DRIVE**  
City **West Palm Bch FL** Zip Code **33411**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDWARDS, BARBARA</b> <b>11954 67 PLACE NORTH</b> <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>7039 EIKHORN DRIVE</b> <b>West Palm Beach FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Edwards*  
President  
Date: **5/26/03** Daytime Phone #: **686 8000**

CR2E034 (10/02)