

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

Suite, Apt. #, etc.

City & State
West Palm Bch FL

City & State
Royal Palm Beach FL

Zip **33411**

Country **USA**

Zip **33421**

Country **USA**

4. FEI Number
65-0944635

Applied For
Not Applicable

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

6. Name and Address of Current 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D**
NAME **EDWARDS, BARBARA**
STREET ADDRESS **11954 67 PLACE NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**7039 EIKHORN DRIVE
West Palm Beach FL 33411**

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change

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 *Barbara Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Edwards
President*

561 686 8060

Date

Daytime Phone #

CR2E034 (10/02)