

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102304

1. Entity Name
EDVELL, INC.

Principal Place of Business
**1906 GULF TO BAY BLVD
CLEARWATER FL 33765
US**

Mailing Address
**1043 EAST ST 415 Elm St.
PITTSFIELD MA 01201
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
415 Elm St
Suite, Apt. #, etc.

City & State
Pittsfield, MA

Zip
01201

Country
USA

6. Name and Address of Current Registered Agent
**SAVARY, JOHNSON S JR ESQ
22 S. LINKS AVE., STE. 300
SARASOTA FL 34236**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VELLA, EDWARD L JR 22 S. LINKS AVE., STE. 300 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VELLA, BRENDA S 22 S. LINKS AVE., STE. 300 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 or without other like empowered.

SIGNATURE: **BRENDA VELLA** **8/30/01** **(413) 443-5419**

APPROVED AND FILED **page 1 of 1**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE



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Page 22

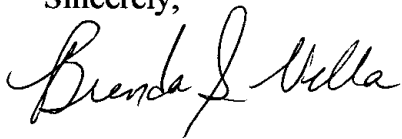
Edvell, Inc.
415 Elm Street
Pittsfield MA 01201

August 30, 2001

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

This letter is to inform you that Edvell, Inc. never received the initial documents to keep our corporation valid. We did however, receive the second notice with additional fee required. I am requesting that all penalties be waived. Please accept the enclosed check for \$150.00 and consider our corporation in good standing.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brenda J. Villa".

(treasurer)