

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97869

1. Entity Name

LAW OFFICE OF MICHEAL A. EDWARDS, P.A.

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90031 018 \*\*\*550.00

Principal Place of Business

701 NORTHPOINT PKWY  
 SUITE 215  
 WEST PALM BEACH FL 33407

Mailing Address

2247 PALM BCH LAKES  
 #210  
 WEST PALM BCH FL 33404  
 US

2. Principal Place of Business

2247 Palm Bch Lakes  
 Suite, Apt. #, etc.  
 #210

3. Mailing Address

2247 Palm Bch Lakes  
 Suite, Apt. #, etc.  
 #210

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

US

Zip

33409

Country

US

4. FEI Number

65-0300771

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, MICHEAL A.  
 701 NORTHPOINT PKWY  
 SUITE 215  
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: Edwards, Micheal A.  
 Street Address (P.O. Box Number is Not Acceptable): 2247 Palm Beach Lakes Blvd  
 Suite 210  
 City: West Palm Beach FL Zip Code: 33409

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: Micheal C. Edwards Micheal A. Edwards, Pres. 7/17/00  
 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)

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**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	EDWARDS, MICHEAL A.	
STREET ADDRESS	701 NORTHPOINT PKWY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MICHEAL A.	
STREET ADDRESS	701 NORTHPOINT PKWY	
CITY-ST-ZIP	WEST PALM BEACH FL	
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Micheal A.	
STREET ADDRESS	2247 Palm Bch Lakes Blvd #210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Micheal A.	
STREET ADDRESS	2247 Palm Bch Lakes Blvd #210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
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: Micheal A. Edwards, Pres. 7/17/00 561 697 8500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)