

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00666

1. Entity Name
EDGEWOOD HOLDINGS CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90007 034 ***150.00

Principal Place of Business 1626 ATLANTIC UNIVERSITY CIR JACKSONVILLE FL 32207	Mailing Address 7751 BELFORT PARKWAY SUITE 175 JACKSONVILLE FL 32256-6943 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>6960 Bonnevall Rd.</i> Suite, Apt. #, etc. <i>Suite 101</i> City & State <i>Jacksonville, FL</i> Zip <i>32216</i>	Country <i>U.S.A.</i>	3. Mailing Address <i>6960 Bonnevall Rd.</i> Suite, Apt. #, etc. <i>Suite 101</i> City & State <i>Jacksonville, FL</i> Zip <i>32216</i>	Country <i>U.S.A.</i>
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4. FEI Number 59-3097740	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MABM CORPORATE SERVICES, INC.
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, JAMES W. JR. 203 N ROSCOE BLVD PONTE VEDRA BEACH FL 33082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLS, YOLANDA H. 100 KINGFISHER DR PONTE VEDRA BEACH FL 33082 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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 all other like empowered.

SIGNATURE: *James W. Mills Jr* Date: *3/1/2001* Daytime Phone #: *904 996-6948*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR