

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 031 ***150.00

DOCUMENT # V04231

1. Entity Name
SPEEDY EDWARDS AND SON, INC.



Principal Place of Business
**321-23RD AVENUE
APALACHICOLA FL 32320**

Mailing Address
**321-23RD AVENUE
APALACHICOLA FL 32320**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 275
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APALACHICOLA FL.

Zip

Country

Zip
32329

Country

4. FEI Number **59-1796335**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, TILTON
321-23RD AVENUE
APALACHICOLA FL 32320**

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. 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	<input checked="" type="checkbox"/> V	<input type="checkbox"/> Delete
NAME	KING, DAVID J	
STREET ADDRESS	321 23RD AVE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	<input checked="" type="checkbox"/> V	<input type="checkbox"/> Delete
NAME	HOLZHAUSEN, JOSHUA	
STREET ADDRESS	321 23RD AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	<input checked="" type="checkbox"/> POT	<input type="checkbox"/> Delete
NAME	EDWARDS, TILTON H	
STREET ADDRESS	321 23RD AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	<input checked="" type="checkbox"/> MDS	<input type="checkbox"/> Delete
NAME	EDWARDS, FLORA L	
STREET ADDRESS	321 23RD AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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: *Tilton H. Edwards* **TILTON H. EDWARDS** **1-6-2003** **850-653-8090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)