

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90053 044 \*\*\*150.00

**DOCUMENT # F99000006681**

1. Entity Name

**EDWARDS SERVICE COMPANY, INC.**

Principal Place of Business

Mailing Address

1020 9TH AVE SW  
 STE 110  
 BESSEMER AL 35022  
 US

1020 9TH AVE SW  
 STE 110  
 BESSEMER AL 35022  
 US

2. Principal Place of Business

3. Mailing Address

*same*

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1238492**

Applied For:

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTD GRAVLEE, DRUE D	42 ARLINGTON CREST, 2700 ARLINGTON AVE.	BIRMINGHAM AL 35205				
	VS GRAVLEE, MACON III	#4 CARLA CIRCLE	BIRMINGHAM AL 35213				
	V YERBY, LARRY J	12572 LAKELAND ESTATES	NORTHPORT AL 35475				

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: *Drue D. Gravlee* **DRUE D. GRAVLEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 9, 2001* **205-481-2070**

DATE

DAYTIME PHONE #

CR2E034 (10/00)

752904



DO NOT WRITE IN THIS SPACE