

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0012508 AV

**DOCUMENT # F98000006125**

1. Entity Name

**CUTTING EDGE DESIGN & CONSTRUCTION, INC.**

02-05-2002 90098 027 \*\*\*158.75

Principal Place of Business

**600 NORTH ATLANTIC AVE.  
 DAYTONA BEACH FL 32118**

Mailing Address

**600 NORTH ATLANTIC AVE.  
 DAYTONA BEACH FL 32118**

2. Principal Place of Business

**1328 1<sup>st</sup> Street North**

Suite, Apt. #, etc.

3. Mailing Address

**1328 1<sup>st</sup> Street North**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Jacksonville Beach**

City & State

**Jacksonville Beach**

4. FEI Number

**58-2248077**

Applied For

Not Applicable

Zip

**32250**

Country

**Duval**

Zip

**32250**

Country

**Duval**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GILLESPIE, MICHAEL L**

**600 N. ATLANTIC AVE**

**DAYTONA BCH FL 32118**

*change of  
 address*

7. Name and Address of New Registered Agent

Name

**Michael Lee Gillespie**

Street Address (P.O. Box Number is Not Acceptable)

**1328 1<sup>st</sup> Street North**

City

**Jacksonville Beach FL**

Zip Code

**32250**

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

**11/14/02**

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, 2002 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<br>NAME  | PC<br>GILLESPIE, MICHAEL L | <input type="checkbox"/> Delete |
| STREET ADDRESS | 600 NORTH ATLANTIC AVE.    |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32118     |                                 |
| TITLE<br>NAME  |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE<br>NAME  |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE<br>NAME  |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE<br>NAME  |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE<br>NAME  | Gillespie, Michael L              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1328 1 <sup>st</sup> Street North |  |
| CITY-ST-ZIP    | Jacksonville Beach FL 32250       |  |
| TITLE<br>NAME  |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE<br>NAME  |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE<br>NAME  |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE<br>NAME  |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

*Michael Lee Gillespie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/14/02**

Daytime Phone #

CR2E034 (9/01)