

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

DOCUMENT # **K41257**

1. Entity Name **COMPETITIVE EDGE MARKETING, INC.**
dba **CRYSTAL CLEAN H-20**



FILED
05 JUL 15 10:41
SECRET
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9360 LIME BAY BLVD.

Suite, Apt. #, etc.

BLDG. 18, UNIT#312

City & State

TAMARAC, FL.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

162Z16655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33321

Country

BROWARD

Zip

Country

7. Name and Address of Current Registered Agent

Name

MICHAEL C. FRIEDMAN

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

9360 LIME BAY BLVD. BLDG. 18, UNIT 213

City

TAMARAC, FL.

FL

Zip Code

33321

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IN THIS SPACE**

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

Michael C. Friedman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/12/05**

January 1 - May 1 Fee is \$150.00

-After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
MICHAEL C. FRIEDMAN
9360 LIME BAY BLVD. BLDG. 18**

**XXXX
XXXX
XXXXXX
UNIT # 312
TAMARAC, FL. 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200057784472
07/22/05--01031--005 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)