

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91117

1. Entity Name

COMPETITIVE EDGE CONSULTING ASSOCIATES, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90100 045 ***158.75

Principal Place of Business

Mailing Address

527 E CHATHAM STREET
STE AA
CARY NC 27511
US

527 E CHATHAM STREET
STE AA
CARY NC 27511
US

2. Principal Place of Business

3. Mailing Address

201 Reedhaven Dr.
Suite, Apt. #, etc.

201 Reedhaven Dr.
Suite, Apt. #, etc.

City & State

Cary NC

Zip 27513

Country USA

City & State

Cary NC

Zip 27513

Country USA

4. FEI Number 65-0128220

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, LEONARD T
12088 DIVIDING OAK TRAIL EAST
JACKSONVILLE FL 32223

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME SPRINGSTEEL, WARREN C
STREET ADDRESS 201 REEDHAVEN DR.
CITY-ST-ZIP CARY NC 27513

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHULTZ, LEONARD T
STREET ADDRESS 12088 DIVIDING OAK TRAIL E
CITY-ST-ZIP JACKSONVILLE FL

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☐ Change ☐ 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:

W.C. Springsteel

4/05/01 (919) 462-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

/Daytime Phone #

CR2E034 (10/00)