2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002543 1. Entity Name RAZOR'S EDGE ENTERPRISES, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Plac 109 8TH AVE ST PETERSBI		Mailing Address 109 8TH AVENUE ST PETERSBURG FL 33706	<u> </u>		01 M	IAR -7 PM 3	: 16	
•	•							
2. Principal Place of Business 3. M		3. Mailing Address 3208 W.	Mailing Address 3208 W. DEBAZAN A			BBUR BBUR BBUR RIBBI BURI	01300	
		Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE		
City & State		ST. Pete Ben	T. Pete Beneth Fla-		9-3629	126 AF	oplied For ot Applicable	
Zip	Country	^{Zip} 33706	Country US /	5. Certit	icate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	- Name	7. Name	and Address of New Reg	istered Agent		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134				michael A. Rusiak. reet Address (P.O. Box Number is Not Acceptable) 3 2 0 8 WEST DE BAZAN AJE.				
city ST. Petc Bench FL Zip 30997							5706.	
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 based or crimted name of recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of								
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, STEVEN A 109 8TH AVENUE ST PETERSBURG PL 33706	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDE TOANNES	CROMPTON W. DEBAZA	. ANE F1. 3370	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, BOBBIE T 109 8TH AVENUE ST PETERSBURG FL 33706	Ø≰Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			57 Ohanas	□ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RITTINGER BRIAN E 109 8TH AVENUE ST PETERSBURG FL 33706	∠E CDelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* * * ·		Change `	Addition	
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TITLE NAME 15 STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								