

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90128 006 ****50.00

DOCUMENT # L00000007101

1. Entity Name
TAIYO EDGE LTD. CO.

Principal Place of Business

**4707 VAN KLEECK DRIVE
 NEW SMYRNA BEACH FL 32169**

Mailing Address

**4707 VAN KLEECK DRIVE
 NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

2953 S. RIDGEWOOD AVE

3. Mailing Address

2953 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. DAYTONA, FL

City & State

S. DAYTONA, FL

Zip

Country

32119

US

Zip

Country

32119

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
59-3653004

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILBOR, NEIL
 4707 VAN KLEECK DRIVE
 NEW SMYRNA BEACH FL 32169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered 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 State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILBOR, NEIL 4707 VAN KLEECK DRIVE NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/19/02 386-761-7220

Date

Daytime Phone #

CR2E083 (4/02)