

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90094 007 \*\*\*\*55.00

DOCUMENT # L00000012827

1. Entity Name

CUTTING EDGE DESIGN AND CONSTRUCTION I, LLC

Principal Place of Business

1328 NORTH 1ST STREET  
JACKSONVILLE BEACH FL 32250

Mailing Address

1328 NORTH 1ST STREET  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

1328 North 1ST STREET  
Suite, Apt. #, etc.

3. Mailing Address

1328 North 1ST Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach

City & State

Jacksonville Beach

4. FEI Number

59-3691930

Applied For

Not Applicable

Zip

Country

32250

Duval

Zip

Country

32250

Duval

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, MICHAEL L  
600 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

change  
address only

7. Name and Address of New Registered Agent

Name

Gillespie, Michael L

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

1328 1st Street North

City

Jacksonville

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

1/10/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GILLESPIE, MICHAEL L  
600 N. ATLANTIC AVE.  
DAYTONA BEACH FL 32118 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Gillespie, Michael L  
1328 1ST STREET NORTH  
JACKSONVILLE BEACH FL 32250 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

1/10/02

904 705-3303

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

Date

Daytime Phone #

CR2E083 (9/01)