

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002120

1. Entity Name

DOUBLE EDGE PRODUCTIONS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90062 013 ****61.25

Principal Place of Business

21500 GIBRALTER DR
PT CHARLOTTE FL 33952
US

Mailing Address

P O BOX 380866
MURDOCK FL 34769-3999
US

2. Principal Place of Business

1121 Mango Drive

Suite, Apt. #, etc.

3. Mailing Address

1121 Mango Drive

Suite, Apt. #, etc.

City & State

St. Cloud

City & State

St. Cloud

Zip

34769

Country

Zip

34769

Country

USA

4. FEI Number

65-0495549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRYSTAL, SAMUEL F
18280 ACKERMAN AVE
PT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name Samuel F. Crystal

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

1120 Mango Drive

City

St. Cloud

FL

Zip Code

34769

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CRYSTAL, SAMUEL F
STREET ADDRESS 18280 ACKERMAN AVE
CITY-ST-ZIP PT CHARLOTTE FL

TITLE D ☐ Delete
NAME CRYSTAL, SHELLY J
STREET ADDRESS 18280 ACKERMAN AVE
CITY-ST-ZIP PT CHARLOTTE FL

TITLE D ☐ Delete
NAME STRUEBING, EDWARD H III
STREET ADDRESS 21500 GIBRALTER DR.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1120 Mango Drive
CITY-ST-ZIP St. Cloud FL 34769

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1120 Mango Drive
CITY-ST-ZIP St. Cloud FL 34769

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CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelly Crystal SHELLEY CRYSTAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-00 407-891-6958

CR25027 (3/00)