

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002120**

1. Entity Name

DOUBLE EDGE PRODUCTIONS, INC.

Principal Place of Business

**1121 MANGO DRIVE
SAINT CLOUD FL 34769
US**

Mailing Address

**1121 MANGO DRIVE
SAINT CLOUD FL 34769
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CRYSTAL, SAMUEL F
1120 MANGO DRIVE
SAINT CLOUD FL 34769**

7. Name and Address of New Registered Agent

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

**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 P	<input type="checkbox"/> Delete
NAME	CRYSTAL, SAMUEL F	
STREET ADDRESS	1120 MANGO DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

TITLE	D S	<input type="checkbox"/> Delete
NAME	CRYSTAL, SHELLY J	
STREET ADDRESS	1120 MANGO DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRUEBING, EDWARD H III	
STREET ADDRESS	21500 GIBRALTER DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Reuter	
STREET ADDRESS	23331 Lehigh Avenue	
CITY-ST-ZIP	Port Charlotte, FL 33954	

TITLE	D Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judi Hinson	
STREET ADDRESS	1130 Lime Drive	
CITY-ST-ZIP	St Cloud, FL 34769	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90027 048 ****61.25

00000733



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0495549

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)