

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90494 006 ***150.00

DOCUMENT # P00000020611

1. Entity Name
ECCLECTIC EDGE, INC.

Principal Place of Business
**444 W. NEW ENGLAND AVE., STE. D
WINTER PARK FL 32789**

Mailing Address
**444 W. NEW ENGLAND AVE., STE. D
WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
2926 N. Chickasaw Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1

City & State

City & State
Orlando, FL

4. FEI Number
59-3629323

Applied For
Not Applicable

Zip

Country

Zip

Country

32817 Orange

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNN, HOLLY
444 W. NEW ENGLAND AVE SUITE D
WINTER PARK FL 32789**

Name
Lynn, Holly M.

Street Address (P.O. Box Number is Not Acceptable)
2926 N. Chickasaw Tr.

City **Orlando** **FL** Zip Code **32817**

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 **Holly M. Lynn**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LYNN, HOLLY M**
STREET ADDRESS **333 W. NEW ENGLAND AVE., STE. D**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **President** ☒ Change ☐ Addition
NAME **Lynn, Holly M.**
STREET ADDRESS **2926 N. Chickasaw Tr.**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Holly M. Lynn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 407-629-7006
Date Daytime Phone #

CR2E034 (9/01)