

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P0000031088

1. Entity Name
 VIRTUAL EDGE, INC.

Principal Place of Business 8611 HANDCART RD ZEPHYRHILLS FL 33544	Mailing Address 8611 HANDCART RD ZEPHYRHILLS FL 33544
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2. Principal Place of Business 38439 FIFTH AVENUE Suite, Apt. #, etc.	3. Mailing Address 38439 FIFTH AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ZEPHYRHILLS FL	City & State ZEPHYRHILLS FL	4. FEI Number 59-3634438	Applied For <input type="checkbox"/>
Zip 33540	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHILDERS MARK R 8611 HANDCART RD ZEPHYRHILLS FL 33544		Name CHILDERS MARK R Street Address (P.O. Box Number is Not Acceptable) 38439 FIFTH AVENUE City ZEPHYRHILLS FL Zip Code 33540	

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 _____ DATE **04/27/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	CHILDERS JAMES W		
STREET ADDRESS	8611 HANDCART RD		
CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CHILDERS MARK R		
STREET ADDRESS	8611 HANDCART RD		
CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CHILDERS CLAUDE A		
STREET ADDRESS	27626 HOLIDAY DRIVE		
CITY-ST-ZIP	DADE CITY FL 33525		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHILDERS JAMES W		
STREET ADDRESS	8604 HANDCART RD		
CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHILDERS MARK R		
STREET ADDRESS	8611 HANDCART RD		
CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE	D/VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHILDERS CLAUDE A		
STREET ADDRESS	27626 HOLIDAY DRIVE		
CITY-ST-ZIP	DADE CITY FL 33525		
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			

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: MARK R. CHILDERS D/P 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)