

2002 UNIFORM BUSINESS REPORT (UBR)

*** HELP LIST ***

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90076 050 ***150.00

TRANSMITTING DOCUMENTS

DOCUMENT # **P00000046297**

1. Entry Load Lift handset or Dial
Document → or → Dial
CUTTING EDGE OF GULF HARBORS, INC.
→ (Tone) → START/MEMORY

Principal Place of Business Mailing Address
DIRECT KEYPAD DIALING
9515 SUNSHINE BLVD. **9515 SUNSHINE BLVD.**
NEW PORT RICHEY FL 34654 Dial → START/MEMORY **NEW PORT RICHEY FL 34654**

PROGRAMMED DIAL NUMBER DIRECTORY

2. Principal Place of Business Select
Documents → Dial Number → START/MEMORY
1 or 2

Suite, Apt. #, etc. Suite, Apt. #, etc.

RECEIPT
Press
RESOL
the ar
Points

FAX: Automatic reception

TEL:



593638449

DO NOT WRITE IN THIS SPACE

FUNCTION MODE

City & State → TEL # MODE → City & State
Zip Country Zip Country → or → or →

LISTING MODE

6. Name and Address of Current Registered Agent
DEMARCO, LEO
US 19 SOUTHGATE PLAZA
NEW PORT RICHEY FL 34652

ENTRY MODE → Name → or →
Street Address (P.O. Box Number is Not Acceptable)
PRIORITY #

OPTION SETTING → City → FL Zip Code

7. Name and Address of New Registered Agent
OWN NUMBER SET
DATE & TIME SET
NUMBER OF RING
TRANSACTION
DIAL MODE
DISTINCTIVE
FAX SIGNAL RX
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, on or after the date of Florida.
SIGNATURE _____ DATE _____
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$650.00

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

STORING AUTO DIAL NUMBERS ☐ **Make Check Payable to Department of State** ☐ **Open LCR MODE**

11. Press FUNCTION OFFICERS AND DIRECTORS
1. Display shows: [<NEW NUMBER>]
2. Press 1 to enter new number.
3. Enter FAX/TELEPHONE number.
4. Press START/MEMORY key.

12. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. Enter the name of location by
pressing number keys.
1-5. Press START/MEMORY and STOP key.

14. Press FUNCTION →
Display shows: [<NEW NUMBER>]
2. Press 1 to enter new number.
3. Press 2 to enter new number.
4. Press 3 to enter new number.
5. Press 4 to enter new number.
6. Press 5 to enter new number.

15. Press FUNCTION →
Display shows: [1=EDIT, 2=CLEAR]
2. Press 1 to edit and go STEP 1-3.
3. Press 2 to clear and go STEP 1-3.

16. Press FUNCTION →
Display shows: [1=EDIT, 2=CLEAR]
2. Press 1 to edit and go STEP 1-3.
3. Press 2 to clear and go STEP 1-3.

17. Press FUNCTION →
Display shows: [1=EDIT, 2=CLEAR]
2. Press 1 to edit and go STEP 1-3.
3. Press 2 to clear and go STEP 1-3.

18. Press FUNCTION →
Display shows: [1=EDIT, 2=CLEAR]
2. Press 1 to edit and go STEP 1-3.
3. Press 2 to clear and go STEP 1-3.

19. Press FUNCTION →
Display shows: [1=EDIT, 2=CLEAR]
2. Press 1 to edit and go STEP 1-3.
3. Press 2 to clear and go STEP 1-3.

20. Press FUNCTION →
Display shows: [1=EDIT, 2=CLEAR]
2. Press 1 to edit and go STEP 1-3.
3. Press 2 to clear and go STEP 1-3.

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (9/01)