*** HELP LIST ***

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90076 050 ***150.00

TRANSMITTING DOCUMENTS

DOCUMENT # P00000046297

1. Entity Name

CUTTING EDGE OF GULF HARBORS, INC.

Principal Place of Business

9515 SUNSHINE BLVD.
NEW PORT RICHEY FL 34654

Mailing Address

9515 SUNSHINE BLVD.
NEW PORT RICHEY FL 34654

555251

FAX: Automatic reception

TEL:

59363849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DEMARCO, LEO
US 19 SOUTHGATE PLAZA
NEW PORT RICHEY FL 34652

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

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

OFFICERS AND DIRECTORS

11.

TITLE D
NAME FICHERA, DIANNE
STREET ADDRESS 5048 GLENN DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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12.

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Dianne Fichera

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

CR2E034 (9/01)