

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90183 038 ***150.00

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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**



2. Principal Place of Business
8191 Berkeley Manor
Suite, Apt. #, etc.

3. Mailing Address
Same as Place of Business
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Spring Hill

City & State

4. FEI Number **59-3638449**

Applied For
☐ Not Applicable

Zip **34606** Country **Honolulu**

Zip Country

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 **SELYN DUSHKO**
Street Address (P.O. Box Number is Not Acceptable)
78 N Central Drive
City **Palm Harbor** FL Zip Code **34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SELYN DUSHKO** 727 9428683/22/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
8191 Berkeley Manor Blvd
Spring Hill, FL 34606

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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: **DIANNE FICHERA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034(10/02)