

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90141 007 ***150.00

DOCUMENT # P00000054649

1. Entity Name
EDGE CONSULTING, INC.

Principal Place of Business 7963 SAILBOAT KEY BLVD., SOUTH, #802 PASADENA FL 33707	Mailing Address 7963 SAILBOAT KEY BLVD., SOUTH, #802 PASADENA FL 33707
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2. Principal Place of Business 575 Second Avenue So. Suite, Apt. #, etc. Suite 208	3. Mailing Address 575 Second Avenue So. Suite, Apt. #, etc. Suite 208
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DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-3651602	Applied For Not Applicable
Zip 33701	Country Pinellas	Zip 33701	Country Pinellas
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURPHY, JOHN B
 7963 SAILBOAT KEY BLVD., SOUTH, #802
 PASADENA FL 33707

7. Name and Address of New Registered Agent

Name
Mayellen Ruvolo
 Street Address (P.O. Box Number is Not Acceptable)
575 Second Avenue South, Suite 208
 City
St. Petersburg, FL Zip Code
33701

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 *Mayellen Ruvolo* (NOTE: Registered Agent signature required when reinstating) *1/26/01* 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JOHN B 7963 SAILBOAT KEY BLVD., SOUTH, #802 PASADENA FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Ruvolo, Maryellen 575 Second Avenue South, Suite 208 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RUVOLO, MARYELLEN 769 SPRING LAKE DR. MIDDLE ISLAND NY 11953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Gabrielle Leipski Gabrielle Leipski 575 Second Avenue South, Suite 208 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mayellen Ruvolo* - Mayellen Ruvolo - President Date *1/26/01* Daytime Phone # *337-9888*

CR2E034 (10/00)