

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90052 041 ***150.00

DOCUMENT # P00000059663

1. Entity Name

COMPETITIVE EDGE PRODUCTS, INC.

Principal Place of Business

Mailing Address

257 CHEROKEE ROAD
ORMOND BEACH FL 32174

257 CHEROKEE ROAD
ORMOND BEACH FL 32174

2. Principal Place of Business

15 COLONIA CT

3. Mailing Address

15 COLONIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PAUM COAST FLA

City & State

PAUM COAST FLA

4. FEI Number

59-3671725

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

32137

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

CHRIS ROOT

Street Address (P.O. Box Number is Not Acceptable)

15 COLONIA CT

City

PAUM COAST

FL

Zip Code

32137

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

CHRIS ROOT

Signature, typed or printed name of registered agent and title if applicable.

Chris Root

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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 **PTD** ☐ Delete
NAME **ROOT, CHRISTOPHER R**
STREET ADDRESS **257 CHEROKEE ROAD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **VSD** ☐ Delete
NAME **ROOT, TIMOTHY D**
STREET ADDRESS **257 CHEROKEE ROAD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

CHRIS ROOT

Chris Root

Date

4/30/01

Daytime Phone #

(904) 446-8839

CR2E034 (10/00)