2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097378



FILED Apr 07, 2003 8:00 am Secretary of State

CUTTING EDGE SYSTEMS, INC.								04-07-2003 90173 049 ****130.00					
Principal Place of Business 4523 BROOK DR 4523 BROOK DR W PALM BCH FL 33417 W PALM BCH FL 33417 W PALM BCH FL					Ma	v1.03	. [h 1 88 11881 (in 8811) 1884 88111 88111			110 1 15 1 1 11 1		
2. Principal Place of Business 29 5. Salisbury lerrace Samp Suite, Apt. #, etc. Suite, Apt. #, etc.								CHECK HERE IF MAKING CHANGES					
City & Sta	1	FL	City & S	City & State			4 . F	4. FEI Number 65-1045812		Applied For Not Applicable			
		Country U.S.A		उन्मर्का		Country		9. Certificate of status Desired Fee		3.75 Additional e Required			
6. Name and Address of Current Registered Agent						Nomo	7. N	lame and Address of New Re	gistered Age	nt		┨	
LAMBERT, CHARLES						Name Street Addres	s (P.O. B	ox Number is Not Acceptable)					
4523 BROOK DR W PALM BCH FL 33417						· · · · · · · · · · · · · · · · · · ·	<u></u>				<u>- </u>		
						City			FL	Zip Code			
	e named entity itions of register.		atement for the purpose	of changing its re	egistered	d office or regis	tered age	ent, or both, in the State of Flor	ida. I am fami	liar with,	and accept		
SIGNATURE	,	or printed name of reg	istered agent and title if applicable	le. (NOTE: f	Registered	Agent signature requi	ired when rei	instating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						3- a	_ ,	 Election Campaign Fine Trust Fund Contribution 			O May Be to Fees		
10.			ERS AND DIRECTORS		11.	1	AD	DITIONS/CHANGES TO OFFIC	CERS AND DIF	RECTORS	3 IN 11] _	
TITLE	D		address	☐ Delete	TITLE	:				Change	☐ Addition	Č,	
NAME STREET ADDRESS	LAMBERT,	CHARLES	1 changes /	nay 1	NAME	ADDRÉSS					ļ	/45	
CITY-ST-ZIP	W PALM B	CH FL 33417	to 6 ebu	,	CITY-S						ŀ	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	29 S. Lecani	Salisbo, FL	address to be by winy Terrace	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS				Change	☐ Addition	000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS				Change	Addition		
TITLE NAME				☐ Delete	TITLE NAME		_			Change	Addition		
STREET ADDRESS CITY-ST-ZIP			2 *		STREET CITY-S	ADDRESS - T-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE