

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90117 031 \*\*\*550.00

**DOCUMENT # P01000074950**

1. Entity Name  
**CUTTING EDGE NOVELTY & SOUVENIRS, INC.**

Principal Place of Business

1708 MELVIN AVE  
 ORLANDO FL 32806

Mailing Address

1708 MELVIN AVE  
 ORLANDO FL 32806

2. Principal Place of Business

3435 Oakwater Pointe Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 593541  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Orlando, FL

Zip Country  
 32812 USA

City & State  
 Orlando, FL

Zip Country  
 32859 USA

4. FEI Number

59-3739254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DAY, BRYANT L JR  
 1708 MELVIN AVE  
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

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

3435 Oakwater Pointe Dr.

City

Orlando

FL

Zip Code

32812

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

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

(NOTE: Registered Agent signature required when reinstating)

Bryant L. Day Jr. DPT 08/29/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE DPT  
 NAME DAY, BRYANT L JR  
 STREET ADDRESS 1708 MELVIN AVE  
 CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE DS  
 NAME DAY, COLLEEN M R  
 STREET ADDRESS 1708 MELVIN AVE  
 CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS 3435 Oakwater Pointe Dr.  
 CITY-ST-ZIP Orlando, FL 32812 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 3435 Oakwater Pointe Dr.  
 CITY-ST-ZIP Orlando, FL 32812 ☒ Change ☐ Addition

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 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: X

SIGNATURE REQUIRED

Bryant L. Day Jr.

DPT 08/29/02

(407) 859-6298

Date

Daytime Phone #

CR2E034 (4/02)