

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90017 020 ***150.00

DOCUMENT # P01000122001

1. Entity Name
COMPETITIVE EDGE SOLUTIONS, INC.

Principal Place of Business

**723 CENTERGATE DR.
 CELEBRATION FL 34747**

Mailing Address

**723 CENTERGATE DR.
 CELEBRATION FL 34747**

2. Principal Place of Business

725 CENTERGATE DR.

Suite, Apt. #, etc.

3. Mailing Address

725 CENTERGATE DR.

Suite, Apt. #, etc.

City & State
Celebration

Zip
34747

Country
Osceola

City & State
Celebration

Zip
34747

Country
Osceola

4. FEI Number

80-0004545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MIKEL, STEVEN D
 723 CENTERGATE DR.
 CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name

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

725 CENTERGATE DR.

City

Celebration

FL

Zip Code

34747

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

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

STEVEN D. MIKEL

(NOTE: Registered Agent signature required when reinstating)

4/23/2002

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MIKEL, STEVEN D
723 CENTERGATE DR.
CELEBRATION FL 34747

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
MIKEL, JOANNA M
723 CENTERGATE DR.
CELEBRATION FL 34747

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN D. MIKEL, PRESIDENT

4/23/2002

Date

Daytime Phone #

407-973-0838

CR2E034 (9/01)