

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 22 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001848 AV

DOCUMENT # P02000021058

1. Entity Name
THE SHARPER EDGE & ASSOCIATES, INC.



Principal Place of Business
**28 LAMAR LANE
PALM COAST FL 32137**

Mailing Address
**28 LAMAR LANE
PALM COAST FL 32137**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0447043

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAVAGLIO, MICHAEL
28 LAMAR LANE
PALM COAST FL 32137**

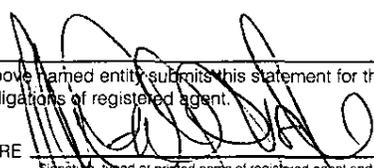
7. Name and Address of New Registered Agent

Name **MICHAEL LAVAGLIO**

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

City **PALM COAST FL** Zip Code **32164**

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

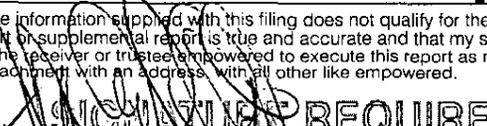
10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	LAVAGLIO, MICHAEL
STREET ADDRESS	28 LAMAR LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	V <input type="checkbox"/> Delete
NAME	LAVAGLIO, JULIE A
STREET ADDRESS	28 LAMAR LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400023362184
STREET ADDRESS	09/26/03--01025--012 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AR9/23
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **9/19/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (4/03)

Michael Lavaglio
19 Powder Lane
Palm Coast, FL: 32164

September 19, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

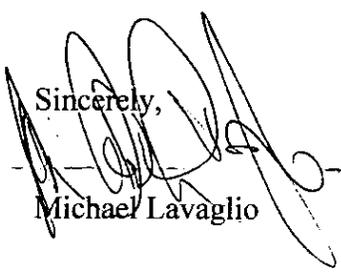
I wish to inform you that I did not receive the original notice for the renewal of my Corporation. This latest notice was also received late.

As you will note from the attached label I had a change of address and apparently the mail went astray.

I would like to renew the corporation as the same time update my mailing address to avoid this problem in the future.

In the meantime, I am enclosing the usual fee of \$150.00 and asked that the penalties be waived since the reason for filing late was beyond my control.

Sincerely,



Michael Lavaglio