

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 011 ***150.00

DOCUMENT # P93000012822

1. Entity Name:
EDICUT, INC.

Principal Place of Business

**2421-6 E ARGON BLVD
SUNRISE FL 33313
US**

Mailing Address

**2421-6 E ARGON BLVD
SUNRISE FL 33313
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0391502

Applied For

Not Applicable

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

MEINERT, JAMES

**2421-6 E ARGON BLVD
SUNRISE FL 33313**

Name

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

City

FL

Zip Code

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)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MEINERT, JAMES K
2421-6 E ARGON BLVD
SUNRISE FL 33313**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-8-02 954-747-7899

CR2E034 (4/02)

Attachment

Edicut, Inc.

James Meinert
2421-6 E. Aragon Blvd.
Sunrise, FL 33313
Business: 954.747.7899

P93000012 822

March 2, 2002
Division of Corporations
Uniform Business Reports Filing
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern,

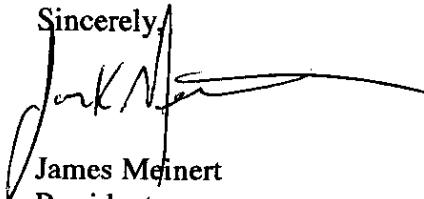
It has come to my attention that we did not receive the first filing in our mail.

We have had some problems in the past receiving our mail. Sometimes the post office does not recognize our zip code in this neighborhood.

Enclosed is a check for \$150.00 to keep the corporation current.

If there are any problems, please don't hesitate to contact us.

Sincerely,



James Meinert
President
Edicut, Inc.