

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062366

1. Entity Name

PLAYER'S EDGE, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90004 020 \*\*\*150.00

Principal Place of Business

Mailing Address

17579 ROCKERFELLER CIR  
FT. MYERS FL 33412  
US

16863 FOX DEN  
FT. MYERS FL 33908-5321  
US

2. Principal Place of Business

3. Mailing Address

16520 S TAMiami TRl

16520 S TAMiami TRl

Suite, Apt. etc.

Suite, Apt. etc.

# 18-136

# 18-136

City & State

City & State

FT MYERS, FL

FT MYERS, FL

Zip

Country

Zip

Country

33908

US

33908

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0436379

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

RODNEY, JOHN J JR.  
16863 FOX DEN  
FORT MYERS FL 33908

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.

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **RODNEY, JOHN J JR.**  
STREET ADDRESS **16863 FOX DEN**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition  
NAME **16520 S TAMiami TRAIL # 18-136**  
STREET ADDRESS **FT MYERS, FL 33908**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **RODNEY, LINDA**  
STREET ADDRESS **16863 FOX DEN**  
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☒ Change ☐ Addition  
NAME **16520 S TAMiami TRAIL # 18-136**  
STREET ADDRESS **FT MYERS, FL 33908**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00

CR2E034 (9/99)