

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008005

1. Entity Name

BUSINESS EDGE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 025 ***150.00

Principal Place of Business

3579 S ACCESS RD
SUITE F
ENGLEWOOD FL 34224
US

Mailing Address

P O BOX 1925
ENGLEWOOD FL 34295-1925
US

2. Principal Place of Business

3. Mailing Address

1536 McCall Road
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Englewood FL

City & State

4. FEI Number

59-3290745

Applied For

Not Applicable

Zip

Country

34223 USA

Zip

Country

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

BROWN, DIANE E
3579 S ACCESS RD
SUITE F
ENGLEWOOD FL 34224

Name

DIANE E BROWN

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

1536 McCall Road

City

Englewood

FL

Zip Code

34223

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]

DIANE E. BROWN, President 01/13/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BROWN, DIANE E
3579 S ACCESS RD SUITE F
ENGLEWOOD FL 34224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Diane E Brown
1536 McCall Road
Englewood FL 34223 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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:

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

Date

Daytime Phone #

DIANE E. BROWN 01/13/00 941 460-0100

CR2E034 (9/99)