2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Aug 01, 2003 8:00 am Secretary of State					
DOCU	MENT # P960	000243	362								
Entity Nam	ne	OUCE IC	/ 200			1	08-01-2003 90				
THE TAC	TICAL EDGE, INC.						08-01-2003 90	067 002 1	***400.C	00	
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City & Stat	е	City & Sta	ate :			4. F	59-3370242		<u> </u>	plied For t Applicable	
Zip	Country	Zip		Coun	try	5. C	Certificate of Status Desired		8.75 Add		
	6. Name and Address of Curre	ent Registered Ag	ent		<u>i</u>	7. N	lame and Address of New Re			<u> </u>	
	a de performaçõe de persona de la composição de la compos		-		Name			ne A m			
	on, douglas s Tlake RD				Street Address (F		ox Number is Not Acceptable)				
	HAVEN FL 33880	÷			1 10						
	•		4		City			FL	Zip Code	9	
	named entity submits this statemen	t for the purpose o	of changing its re	egistere	ed office or register	red age	ent, or both, in the State of Flori	da. I am far	niliar with,	and accept	
the obligat	tions of registered agent.										
SIGNATURE .			***************************************								
<u> </u>	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE:	Registered	Agent signature required	when rei	nstating)	DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution.	ncing		May Be to Fees	
10.		ND DIRECTORS		11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	S IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied v			TITLE NAME STREE	ST-ZIP ET ADDRESS ST-ZIP	ection 1	19.07(3)(i), Florida Statutes 1 fr				

Justine C Bohannon

28/03

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P960C TICAL EDGE, INC.	0024362				65	05301	9		
90 SPIRIT LA WINTER HAVI US	EN FL 33880	Mailing Address 90 SPIRIT LAKE RD WINTER HAVEN FL 33880 US	90 spirit lake RD Winter Haven Fl. 33880							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	*		CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State		1		FEI Number 59-3370242	Applied F		plied For t Applicable	
Zip	Country	Zip	Cour	ntry	5. (Certificate of Status Desired		75 Add	itional	
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Reg				
		<u> </u>		Name:			. ~	-		
	on, douglas s `lake RD	•		Street Addres	s (P.O. B	lox Number is Not Acceptable)	<u>_</u>			
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	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egister	ed office or regis	stered ag	ent, or both, in the State of Florid	a. I am famil	iar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Pogistere	id Agent signature requ	irod uton re	Single disco	DATE			
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12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report a	the exe y signa s requi	mption stated in ture shall have th red by Chapter 6	Section 1 ne same l 607, Florid	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my name a	rther certify the that I am ar opears in Blo	nat the in officer of ck 10 or	formation or director Block 11 if	

SIGNATURE:

Justino C Bohannon 7/28/03

863 401 822 | Daytime Phone #