

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083745

1. Entity Name

THE COMPETITIVE EDGE MANAGEMENT GROUP, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90015 037 ***550.00

Principal Place of Business

4795 SQUIRES DR.
TITUSVILLE FL 32796

Mailing Address

4795 SQUIRES DR.
TITUSVILLE FL 32796-1047

2. Principal Place of Business

2934 CALLE DE MALIBU

Suite, Apt. #, etc.

3. Mailing Address

2934 CALLE DE MALIBU

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ESCONDIDO, CA.

City & State

ESCONDIDO, CA.

4. FEI Number

59-3380148

Applied For

Not Applicable

Zip

92029

Country

USA

Zip

92029

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUDO, RICHARD J
4795 SQUIRES DRIVE
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name- JOSEPH E. BLACK

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

3706 NW 43rd STREET

City

GAINESVILLE

FL

Zip Code
32606

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 Joseph E BLACK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-31-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLER, JERRY M 3560 NW 34TH ST GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUDO, RICHARD 4795 SQUIRES DR. TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRUDO, LINDA 4795 SQUIRES DR. TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLER, BARBERA 3560 NW 34 PL GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER WALLER, JERRY M. 2934 CALLE DE MALIBU ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, SECRETARY WALLER, BARBARA 2934 CALLE DE MALIBU ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara Waller **REMOVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 May 2000 (760) 743-2336
Date Daytime Phone #

CR2E034 (9/99)