

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000 20550

1. Entry Name

Cynthia Graham

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -7 PH 4:25

2. Principal Place of Business

Razors Edge Kamp Academy

3. Mailing Address

Razors Edge Kamp Academy

Suite, Apt. #, etc.

4619 10th ave North

Suite, Apt. #, etc.

4619 10th ave North.

City & State

Lake worth FL.

City & State

Lake worth FL.

Zip

33463

Country

WPB.

Zip

33463

Country

WPB.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sherry muller
13534 Brightstone Street
Wellington, FL 33414

7. Name and Address of New Registered Agent

Name Cynthia Graham

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

926 14th ave South Lake worth

City Lake worth.

FL Zip Code 33460.

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 Cynthia Graham

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NUMBER: P970000 20550
After 12/31/2001 Fee will be \$100.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME Sherry A. muller ☒ Delete
STREET ADDRESS 13534 Brightstone Street
CITY-ST-ZIP Wellington, FL 33414

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Sherry A. muller ☐ Change ☒ Addition
STREET ADDRESS 13534 Brightstone Street
CITY-ST-ZIP Wellington, FL 33414 Director

TITLE NAME President ☐ Change ☒ Addition
STREET ADDRESS Cynthia Graham
CITY-ST-ZIP 926 14th ave South.
Lake worth FL. 33460

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200004699552--6
CITY-ST-ZIP -11/30/01--01014--014

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 all other like empowered.

SIGNATURE: Cynthia Graham

Signature, typed or printed name of signing officer or director

10/3/2001

Date

Signature Required

CR2001 (11/00)