

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041881

1. Entity Name

SHOPPER'S EDGE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90129 008 ***150.00

Principal Place of Business

Mailing Address

~~3442 GLENWOOD COURT~~
~~SAFETY HARBOR FL 34695~~

~~3113 GLENWOOD COURT~~
~~SAFETY HARBOR FL 34695-5010~~

2. Principal Place of Business

3. Mailing Address

964 Mandalay Ave
Suite, Apt. #, etc.

964 Mandalay Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Clearwater FL

Clearwater FL

4. FEI Number

59-3509734

Applied For

Not Applicable

Zip

Country

Zip

Country

33767

Pinellas

33767

Pinellas

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

GROSS, MICHAEL J
401 PASADENA AVENUE SOUTH
ST. PETERSBURG FL 33707

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 ☐ Delete
NAME D
STREET ADDRESS STEELE, MARY K
CITY-ST-ZIP 459 JEWEL COURT
BELLEAIR BLUFF FL 33770

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

TITLE ☒ Delete
NAME VPT
STREET ADDRESS PARRY, SHARON
CITY-ST-ZIP 3113 GLENWOOD COURT
SAFETY HARBOR FL 34695

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99