2000 UNIFORM BUSINESS REPORT (UBR)

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DCCUI	MENT # P98000		,	A IL	ŁĎ	i a Til		
1. Entity Name C.E.T./CUTTING EDGE, INC.					· 915	ION OF C	ORPOR	ATTOR
					00	SEP 28	AM 6	Applied For Not Applicable Applied For Not Applicable Not Applicable Sadditional Required
Principal Place of Business Mailing Address								
1828 KISMET PKWY CAPE CORAL FL 33909 CAPE CORAL FL 33909					** v	មក១៩៥ថ្ង	} `	
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2. Principal Pri	face of Business	3. Mailing Address	Clater	20				
Suite, Apt.		Suite, Apt. #, etc.) <i>[] [] []</i>		DO NOT WRI	TE IN THIS SP	4CE	
City & State	Muers Fla.	City & State	i Flo	4. F	El Number 65-09028	62		
Zip 3	7 Country	Sure, Apr. Red Sure Applied For Nor Appl						
<u> </u>	6. Name and Address of Current		4.51			Registered Ag	ent	
LINE	DONN FORCE	Carried or second		64 <u></u>			نځيد کي	
1880 KISMET PKWY 1854 STATER R.L.							·	
CAPE CONALEL 33909								
N. Ft. Myers, Fla. 3391.7 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.								
CICNIATURE	1. Col			•			_	
SIGNATURE _	Signature, typed or proposit name of registered agent is				estating)	DATE		
- Tax filing requirement and elects to do soAfter SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do soAfter SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do soAfter SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do soAfter SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Tax filing requirement an							May Be	
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NAME Street address	Hopson, Eric 1828 Kismet Pkwy				aoogg	22.1	56	393 17014
CITY-ST-ZIP	CAPE CORAL FL 33909					**159 . [<u> </u>	**150.
TITLE NAME	D. Hopson, Tammy	☐ Delete			-		_ Change	☐ Addition
STREET ADDRESS	1828 KISMET PKWY		STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33909					<u> </u>	T Change	☐ Addition
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TITLE		☐ Delete					Change	Addition
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CITY-ST-ZIP			1					
TITLE NAME	F.	☐ Detete	i		101	- =[Change	Li Addition
STREET ADDRESS			STREET AODRESS	1	KAMIS			
CITY-ST-ZIP		☐ Delete	 _		1) In		Change	☐ Addition
NAME		and seconds	NAME			_	-	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
of the cor	poration or the receiver or trustee empo or on an attachment with an address, t	swered to execute this report as r	required by Chapte	er 607, Florid	a Statutes; and that my nam	e appears in E	Nock 11 or	Block 12 if
SIGNAT	URE: ARRIVET	IKE KEUMAR	O	4	1/02/20	941-	949-	5490
CIGIAN	CAIGNATURE AND TYPED OR P	RINTED HAME OF SIGNING OFFICER OR C	Э ВЕСТОЯ	7	Date	Days	ime Phone #	

Jo whom It may Concern attach doc #7
P98000064252
A807001-Here's another check for \$150.0 that I sent a few months ago, Ilgot another notice paying the own 550,0. For though being late il warn't late, It must thane gotton lost in the mail, It has done that before, tope ble can work this out. Il called today and sport Spoke to a person named Robin She; to ld me to write this letter Shank you Eriet Jammy . Appon