2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # P99000018401 SCISSORS EDGE, INCORPORATED 02-04-2000 90074 049 ***150.00 Principal Place of Business Mailing Address 3815 NORTH U.S. 1 3815 NORTH U.S. 1 SUITE 109 SUITE 109 COCOA FL 32926 COCOA FL 32926-5947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILER, CARRIS S Street Address (P.O. Box Number is Not Acceptable) 3815 NORTH U.S. 1 SUITE 109 COCOA FL 32926 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE WILER, LARRIEA WILER, CARRIE A NAME NAME SOID RANCHWOOD DRIVE 5010 RANCHWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP COLOA PL 32926 ☐ Change Addition ☐ Delete TITLE TITLE LUANN WILER JOHNS, ISAAC M NAME NAME 5010 RANCHWOOD DRIVE 5010 RANCHWOOD DRIVE STREET ADDRESS STREET ADDRESS **COCOA FL 32926** CITY-ST-ZIP COWA FL 32926 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 all address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition