

# 2002 UNIFORM BUSINESS REPORT (UBR)

Page 10/12

DOCUMENT # P99000051632

1. Entity Name

STOLL-THE CUTTING EDGE, INC.

FILED

02 OCT 28 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

27 N PENNOCK LANE, STE 202  
JUPITER, FL 33458-4083

Mailing Address

C/O BLAKESBERG & COMPANY CPA'S  
951 SW 4TH AVENUE  
BOCA RATON, FL 33432-5803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0925543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STOLL, HARRIET  
27 N PENNOCK LANE, STE 202  
JUPITER, FL 33458-4083

7. Name and Address of New Registered Agent

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  
APRIL MAY 1, 2001 Fee will be \$350.00  
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete STOLL, HARRIETT 2870 SABALWOOD COURT DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P 27 N PENNOCK LANE, STE 202 JUPITER, FL 33458-4083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete STOLL, JASON 2870 SABALWOOD COURT DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ✓ 27 N PENNOCK LANE, STE 202 JUPITER, FL 33458-4083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S, T STOLL, KENNETH 27 N PENNOCK LANE, STE 202 JUPITER, FL 33458-4083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800008628238 10/28/02--01098--003 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02100

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

PRESIDENT

Date

Daytime Phone #

Harriet Stoll

10/23/02

561-750-8300

CR2034 (11/00)

Page 2 of 2



## **BLAKESBERG & COMPANY**

**Certified Public Accountants**

951 S.W. Fourth Avenue  
Boca Raton, Florida 33432-5803  
(561) 750-8300 Fax (561) 750-8332

**October 23, 2002**

**MEMBER**

American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants  
New Jersey Society of  
Certified Public Accountants

William J. Blakesberg, CPA  
Jon D. Blakesberg, CPA

**Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Attention: Reinstatement Section**

**Dear Sir or Madam:**

We are the accountants for Stoll-The Cutting Edge, Inc. We began representing this client in 2002. Their prior accountant never properly advised them of the due date of the uniform business report (UBR) or made them aware that it was their responsibility to file it. The original Form UBR 2002 was mailed to an address in Delray Beach that our client had already moved from. The form was not forwarded to their new address in Jupiter nor were any subsequent forms or notices of delinquency or dissolution forwarded either.

It is the policy of our firm to have all forms (UBR) mailed to our address so that we may complete them and forward them to our clients to be timely filed. This involves the receipt of almost two hundred forms (UBR). It is our belief that this provides an additional services to our clients as well as the Secretary of State. I am enclosing a completed form 2002 UBR with our check in the amount of \$150.00.

Based upon the aforementioned circumstances, we respectfully request abatement of penalties and reinstatement of the corporation. We appreciate your consideration and look forward to a favorable determination.

Sincerely,

**William J. Blakesberg,  
Certified Public Accountant**

**CC: Stoll-The Cutting Edge, Inc.**