

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am  
Secretary of State**

01-26-2000 90200 045 \*\*\*158.75

**DOCUMENT # P99000094312**

1. Entity Name

**KNIGHT'S EDGE INC.**

Principal Place of Business

**6861 59 WAY NORTH  
PINELLAS PARK FL 33781**

Mailing Address

**6861 59 WAY NORTH  
PINELLAS PARK FL 33781-5455**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3287**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Pinellas Park, FL**

4. FEI Number

**59-3605120**Applied For  
Not Applicable

Zip

Country

**33780**

Country

**USA**

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

**BENEDICT, VERONICA  
6861 59 WAY NORTH  
PINELLAS PARK FL 33781**

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

**Veronica Benedict**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/18/00**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	CEO	<input type="checkbox"/> Delete
NAME	BENEDICT, VERONICA	
STREET ADDRESS	6861 59 WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENEDICT, DANIEL	
STREET ADDRESS	6861 59 WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	

TITLE	V Lee, Brian (Vice Pres)	<input type="checkbox"/> Delete
NAME	5002 58th Way N.	
STREET ADDRESS	Kenneth City, FL 33709	
CITY-ST-ZIP		

TITLE	V Lee, Stephanie	<input type="checkbox"/> Delete
NAME	5002 58th Way N. (Vice Pres)	
STREET ADDRESS	Kenneth City, FL 33709	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

**Veronica Benedict**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/00**

Date

**727-544-8309**

Daytime Phone #