## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010317

Entity Name: TEAM EDGE, INC.

**Current Principal Place of Business:** 

3563 PHILLIPS HWY, SUITE 702 JACKSONVILLE, FL 32207

**Current Mailing Address:** 

3563 PHILLIPS HWY. SUITE 702 JACKSONVILLE, FL 32207

FEI Number: 82-3079314 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABERCROMBIE ACCOUNTING INC 16115 SW 117TH AVENUE #25 MIAMI, FL 33177 US

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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 26, 2019

**Secretary of State** 

8205249020CC

Officer/Director Detail:

PTSD VPD Title Title

SMITH, MICHAEL Name SMITH, ANNE Name

Address 435 DAVIS STREET Address 435 DAVIS STREET

City-State-Zip: NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 City-State-Zip:

Title D

Name ZWERLING, NATE

Address 3591 KEMAN BLVD UNIT 523 City-State-Zip: JACKSONVILLE FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATE ZWERLING Electronic Signature of Signing Officer/Director Detail

**MEMBER** 

04/26/2019

Date