

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0624804
AT

DOCUMENT # F01000004039

1. Entity Name
TM EDGE I ENTERPRISES, INC.



FILED

03 MAR 11 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11465 JOHNS CREEK PARKWAY, SUITE 300
DULUTH GA 30097

Mailing Address
11465 JOHNS CREEK PARKWAY, SUITE 300
DULUTH GA 30097

2. Principal Place of Business
215 Celebration Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2636392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, LINDA
605 CRESCENT EXECUTIVE COURT, SUITE 300
LAKE MARY FL 32746

Name: Teresa Peterson c/o EBC Office Center
Street Address (P.O. Box Number is Not Acceptable)
4190 Belvoir Rd Ste 200
City Jacksonville FL Zip Code 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Teresa Peterson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.10.2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
DYE, THOMAS N
11465 JOHNS CREEK PARKWAY, SUITE 300
DULUTH GA 30097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900013919209
03/11/03--01059--002 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
DYE, MIKE K
11465 JOHNS CREEK PARKWAY, SUITE 300
DULUTH GA 30097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian J Winchell* VP 2/27/03 (770) 814-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)