

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90095 026 ***150.00

DOCUMENT # P96000009666

1. Entity Name

EDGE SPORTS, INC.



Principal Place of Business
1058 N. THIRD ST.
JACKSONVILLE BEACH FL 32250

Mailing Address
1058 N. THIRD ST.
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business

3. Mailing Address

3167 St. John's Bluff Rd. S.

3167 St. John's Bluff Rd. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

Suite 108

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32246

US

32246

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3368327

Applied For

Not Applicable

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

JOHN, CALVIN C JR
1058 N THIRD STREET
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

3167 St. John's Bluff Rd. S. Suite 108

City

Jacksonville

FL

Zip Code

32246

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-03

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	D	<input type="checkbox"/> Delete
NAME	CALVIN, JOHN C JR	
STREET ADDRESS	105 ABERVIEW CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, STEPHEN W	
STREET ADDRESS	2016 SPOON BILL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNIPES, MARK B	
STREET ADDRESS	2111 S 2ND ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	221 13th Ave. N.	
CITY-ST-ZIP	Jacksonville, FL. 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of Stephen W Taylor

1-19

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)