

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000097139**1. Entity Name
THE TRAINING EDGE, INC.

Principal Place of Business

10129 DEAN POINT PL

ORLANDO

32825

FL

US

Mailing Address

10129 DEAN PT PL

ORLANDO

32825

FL

US

2. Principal Place of Business

14248 CHEVAL DANFORTH CT.

3. Mailing Address

14248 CHEVAL DANFORTH CT.

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32828

Country

US

Zip

32828

Country

US

4. FEI Number

59-3415746

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

TOOMBS MARK A
10129 DEAN PT PL

ORLANDO

32825

FL

US

7. Name and Address of New Registered Agent

Name

TOOMBS MARK A

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

14248 CHEVAL DANFORTH CT.

107

City
ORLANDO

FL

Zip Code
32828

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)

04/27/2001

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****After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMBS LARRY D	
STREET ADDRESS	941 KINSWICK MANOR LANE	
CITY-ST-ZIP	BALLWIN MO 63011	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMBS MARK A	
STREET ADDRESS	10129 DEAN PT PL	
CITY-ST-ZIP	ORLANDO FL 32825	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMBS LARRY D	
STREET ADDRESS	941 KINSWICK MANOR LANE	
CITY-ST-ZIP	BALLWIN MO 63011	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMBS MARK A	
STREET ADDRESS	14248 CHEVAL DANFORTH CT.	
CITY-ST-ZIP	# 107 FL 32825	
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 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		

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: Mark A. Toombs

Pres

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)