

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097139

1. Entity Name  
THE TRAINING EDGE, INC.

Principal Place of Business  
14248 CHEVAL DANFORTH CT.  
# 107  
ORLANDO FL 32828  
US

Mailing Address  
14248 CHEVAL DANFORTH CT.  
# 107  
ORLANDO FL 32828  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number 59-3415746  
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

TOOMBS, MARK A  
14248 CHEVAL DANFORTH CT.  
# 107  
ORLANDO FL 32828

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2002 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, MARK A	
STREET ADDRESS	14248 CHEVAL DANFORTH CT.	
CITY-ST-ZIP	# 107 FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMBS, LARRY D	
STREET ADDRESS	941 KIMSWICK MANOR LANE	
CITY-ST-ZIP	BALLWIN MO 63011	
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		<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 Date: 1/5/03 Daytime Phone #: (407) 382-9718

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90015 001 \*\*\*150.00

80002200



DO NOT WRITE IN THIS SPACE

UBR/71 AV

CR2E034 (9/01)