

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90151 041 ***150.00

DOCUMENT # P00000012941

1. Entity Name
TRAINERS EDGE, INC.

Principal Place of Business Mailing Address
770 MONROE ROAD ~~**718 TREE LINE PL**~~
SANFORD FL 32771 ~~**SANFORD FL 32771**~~

80066808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **401 KIMBERLY COURT**

City & State City & State
SANFORD, FL.

4. FEI Number Applied For
59-3608333 Not Applicable

Zip Country Zip Country
32771 **Seminole**

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

~~**MCINTOSH, PENELOPE P**~~
~~**718 TREELINE PLACE**~~
~~**SANFORD FL 32771**~~

Name
VON HERBULIS, ROBERT
 Street Address (P.O. Box Number is Not Applicable)
~~**401 KIMBERLY COURT**~~
 City State Zip Code
SANFORD, FL 32771

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 *Robert F. VonHerbulis, V.P.* DATE *4/5/02*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACINTOSH, PENELOPE P 718 TREELINE PL. SANFORD FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VON HERBULIS, DEBORA A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 KIMBERLY COURT SANFORD, FL. 32771 PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete VON AARBULIS, DEBRA 401 KIMBERLY CT. SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VON HERBULIS, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 KIMBERLY COURT SANFORD, FL. 32771 VICE PRESIDENT/SEC./TRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input checked="" type="checkbox"/> Delete MCINTOSH, HARRY 718 TREELINE RD. SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete VON AARBULIS, ROBERT 401 KIMBERLY CT. SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert F. VonHerbulis V.P.* DATE *4/5/02* Daytime Phone # *407-323-1150*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)