

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90103 037 ***150.00

DOCUMENT # P00000012941

1. Entity Name
TRAINERS EDGE, INC.



Principal Place of Business
770 MONROE ROAD
SANFORD FL 32771

Mailing Address
~~401 KIMBERLY COURT
SANFORD FL 32771~~

2. Principal Place of Business

3. Mailing Address
P.O. Box 471286

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE MONROE, FL

4. FEI Number 59-3608333

Applied For
Not Applicable

Zip

Country

Zip

Country

32747

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

VON HERBULIS, ROBERT
401 KIMBERLY COURT
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

SIGNATURE *Deborah Von Herbulis* DEBORA VONHERBULIS, P 3-6-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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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 changed, or on an attachment with an address, with other like empowered.

SIGNATURE: *Robert Von Herbulis V.P.* 1/6/03 407-323102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)