

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90132 026 \*\*\*150.00

DOCUMENT # P01000019068

1. Entity Name  
**GRAVITY, INC.**



Principal Place of Business <b>13799-6 BEACH BLVD JACKSONVILLE FL 32224</b>	Mailing Address <b>13799-6 BEACH BLVD JACKSONVILLE FL 32224</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3701400</b>	Applied For Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COSENTINO, R GREGGORY  
12724 COOL WATER WAY  
JACKSONVILLE FL 32246**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when substituting) DATE



9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COSENTINO, R GREGGORY 12724 COOL WATER WAY JACKSONVILLE FL 32246</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COSENTINO, ALISON F 12724 COOL WATER WAY JACKSONVILLE FL 32246</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COSENTINO, LYNN F 12724 COOL WATER WAY JACKSONVILLE FL 32246</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *R. Cosentino*

5/25/03 (904) 821-0234

Attachment 90138674  
**Gravity**  
PERSONAL FITNESS AND CROSS TRAINING STUDIO

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Florida Dept. of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: 59-3701400 / DOCUMENT # P01000019068**

To Whom it May Concern:

I did not receive the enclosed UBR until May 25<sup>th</sup>, 2003. I immediately completed the form and called the the office of the Division of Corporations to let someone know.

I was instructed to send written correspondence with my payment in order to receive a waiver of late payment.

I can be contacted at: 13799-6 Beach Blvd.  
Jacksonville, FL 32224  
(904) 838-8926

Thank you for your assistance,



Alison Cosentino  
Gravity, Inc.