2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000090022

1. Entity Name

DOCUMENT #

ON THE EDGE ROCK CLIMBING GYM, INC.



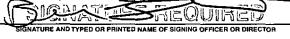
Apr 21, 2003 8:00 am \$ Secretary of State **FILED**

04-21-2003 91193 030 ***150.00

Principal Place of Business 200 WEST DRIVE MELBOURNE FL 32904			200 \	Mailing Address 200 WEST DRIVE MELBOURNE FL 32904						
2. Principal Place of Business			3. Ma	3. Mailing Address				1880/1886 150 1870 1871 88117 88117 88171 88174 18717 88177 88778 11878 1787 1887		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4. 1	FEI Number 59-3539487 Applied For Not Applicable		
Zip		Country The and Address of Current Research K CIRCLE 2904 Thity submits this statement for the pistered agent. Ped or printed name of registered agent and the pistered agent. VIII FEE IS \$150.00 at the Florida Department of State of Florida D			Coun	Country		Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registered Agent		
						Name				
	, Brian K	• -				Street Add	dress (P.O. B	Box Number is Not Acceptable)		
	ENTRY CIR	=								
MELBOURNE FL 32904										
							<u></u>	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 agen	t and title if app	olicable. (NOTE	Registere	Agent signature	required when re	einstating) DATE		
⊕ After	May 1, 200	3 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10.		OFFICERS AND	DIRECTO	DRS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P			☐ Delete	TITLE			Change Addition		
NAME		216 COVENTRY CIRCLE		NAMI	· .					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP				
TITLE	VS	·		☐ Delete	TITLE			Change Addition		
NAME		LAURA			NAM					
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP	MELBOUR	NE FL 32904			CITY	-ST-ZIP				
TITLE		. · · · · · . ·	-	Delete	TITLE			Change		
NAME					NAM			•		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP				
TITLE	-	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE		· <u>-</u>	Change Addition		
NAME				_ bacc	NAM					
STREET ADDRESS					STRE	ET ADDRESS				
CITY-ST-ZIP					CITY	ST-ZIP				
TITLE				☐ Delete	TITLE			☐ Change ☐ Addition		
NAME					NAM	1				
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP					-	ST-ZIP				
TITLE				☐ Delete	TITLE			Change Addition		
NAME STREET ADDRESS					NAME	ET ADDRESS				
CITY-ST-ZIP	_					ST-ZIP				

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:



Daytime Phone #

Date