

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10fZ

DOCUMENT # *P01000044656*

1. Entity Name

*The Edge Training & Fitness, INC.*

FILED

02 OCT 28 PM 6:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*4300 Kings Hwy  
Suite, Apt. #, etc.  
# 409*

*4300 Kings Hwy  
Suite, Apt. #, etc.  
# 409*

*10/02/02 90120 002 \$150.00*

City & State

City & State

*Port Charlotte, FL*

*Port Charlotte, FL*

Zip

Country

Zip

Country

*33980*

*US*

*33980*

*US*

4. FEI Number

*65-1097634*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Jon Williams*

Street Address (P.O. Box Number is Not Acceptable)

*2309 Montpelier Rd.*

City

*Port Gordon*

**FL**

Zip Code  
*33983*

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

*Jon Williams President*

Signature, typed or printed name of registered agent and title if applicable.

(NO IL: Registered Agent signature required when restate)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<i>P Jon Williams 2309 Montpelier Rd. Port Gordon, FL 33983</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jon Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-25-02*  
Date

*(941) 235-0444*  
Daytime Phone #

CR2E034B (12/01)

Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Attachment 2010000044656  
Doc. # 678800  
2 of 2

To whom it may concern,

It was brought to my attention by a fellow businessman that a yearly business report was to be filed. I have been in business for a little over a year and was unaware of this form. I have yet to receive this report or any notices referring to it. I immediately called the division of corporations and explained my situation. I was told to download the forms and to send a letter. If possible, please check and/or correct the address to which this report is being sent. The address of my business is as follows:

The Edge Training & Fitness  
4300 Kings Highway #409  
Port Charlotte, FL 33980

Thank you for understanding and helping to resolve this matter. If you have any questions, please call (941) 235-0444.

Sincerely

  
Jon Williams E.S.S., C.S.C.S.