2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000088912

1. Entity Name

TACTICAL RAPPEL INSTRUCTION INC



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90126 003 ***150.00

Principal Place of Business 1345 AMBRA DR MELBOURNE FL 32940		Mailing Address 1345 AMBRA DR MELBOURNE FL 32940									
2. Principal Place of Business		3. Mailing Address						ANN ARRIVERNA PA	IBI 18118 1018	11 910 1101 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	0	City & State				4. F	59-3744217			Applied For Not Applicable	
Zip	Country	Zip	Zip Count						8.75 Ad	.75 Additional Required	
	6. Name and Address of Current	Registere	stered Agent			7. N	7. Name and Address of New Registered Agent				
			Name								
YOUNG, 1345 AME	THOMAS W		Street Addres			ess (P.O. B	s (P.O. Box Number is Not Acceptable)				
	RNE FL 32940						···				1
						-		FL	Zip Coo	de	1
	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its	registere	d office or reg	gistered age	ent, or both, in the State of FI	orida. I am fa	miliar with	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	E: Registered	Agent signature re	equired when re	einstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State	State				Election Campaign Fi Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS 11.				AD	DITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	RS IN 11	_ [
TITLE NAME STREET ADDRESS	D Young, Thomas W 1345 Ambra Dr		☐ Delete	TITLE NAME STREE	T ADDRESS				☐ Change	Addition	(40,00
CITY-ST-ZIP	MELBOURNE FL 32940				ST-ZIP						5
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	T ADDRESS		38.448		☐ Change	Addition	6
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete Delete						☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP	•			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		T ADDRESS' ST-ZIP				☐ Change	☐ Addition	

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 fobort 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 his 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: 5

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(121) 255-26/56

CR2E034 (10/02