

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000022073

FILED
Mar 31, 2003
Secretary of State

Entity Name: FREEFALL ADVENTURES FLORIDA, INC.

Current Principal Place of Business:

114 MELTON AVENUE
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

114 MELTON AVENUE
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G & M MANAGEMENT CORPORATION
114 MELTON AVE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, MICK
Address: 109 KARRIGAN STREET
City-St-Zip: SEBASTIAN, FL 32958 US

Title: D () Delete
Name: HALL, GILLIAN
Address: 109 KARRIGAN STREET
City-St-Zip: SEBASTIAN, FL 32958 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALL, MICHAEL
Address: 114 MELTON AVENUE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: D (X) Change () Addition
Name: HALL, GILLIAN
Address: 114 MELTON AVENUE
City-St-Zip: SEBASTIAN, FL 32958 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILLIAN HALL

D

03/31/2003

Electronic Signature of Signing Officer or Director

Date