

# FORPROFIT CORPORATION UNIFORMBUSINESSREPORT(UBR)

# FILED

02 JUN -5 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# **P00000049376**

1. Entity Name

**FIRM RESULTZ FITNESS CLUB, INC.**

## DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business <b>6238 New Berlin Rd</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City/State <b>JACKSONVILLE FL</b>		City/State  	
Zip <b>32218</b>	Country <b>DUVAL</b>	Zip  	Country  

4. FEINumber <b>59-3645570</b>	Applied for Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name <b>BETTY SASSER</b>
Street Address (P.O. Box Number Not Accepted) <b>2240 NEW BERLIN RD</b>
City <b>JACKSONVILLE FL 32218</b>

## DO NOT WRITE IN THIS SPACE

8. The above information is submitted for the purpose of changing the registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Any change of registered office or registered agent requires a new filing)

9. This corporation is subject to the annual filing requirements of the state of Florida. (See certificate on back)

January 1st, 2002  
After New Year's Holiday  
Annual UBR is due  
State Check Payment

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	<b>PRESIDENT JASON TAYLOR 6238 NEW BERLIN RD. JACKSONVILLE, FL 32218</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>[REDACTED]</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>[REDACTED]</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>[REDACTED]</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>[REDACTED]</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>[REDACTED]</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>[REDACTED]</b>

13. I, the undersigned, certify that the information supplied herein is true and correct to the best of my knowledge and belief, and 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 on an attached form with an address where I can be reached.

SIGNATURE: Jason Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 904-714-4448