

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000000514

FILED  
Mar 31, 2003  
Secretary of State

Entity Name: ALL ABOUT FITNESS, INC.

## Current Principal Place of Business:

291 TRIPLET LAKE DRIVE  
CASSELBERRY, FL 32707

## New Principal Place of Business:

1003 LINGO CIRCLE  
OVIEDO, FL 32765

## Current Mailing Address:

291 TRIPLET LAKE DRIVE  
CASSELBERRY, FL 32707

## New Mailing Address:

1003 LINGO CIRCLE  
OVIEDO, FL 32765

FEI Number: 59-3689157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ROBERT  
291 TRIPLET LAKE DRIVE  
CASSELBERRY, FL 32707

## Name and Address of New Registered Agent:

WILSON, ROBERT J  
1003 LINGO CIRCLE  
OVIEDO, FL 32765

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: ROBERT J. WILSON

03/31/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, ROBERT  
Address: 291 TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: WILSON, GINA  
Address: 291 TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, ROBERT  
Address: 1003 LINGO CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition  
Name: WILSON, GINA  
Address: 1003 LINGO CIRCLE  
City-St-Zip: OVIEDO, FL 32765

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: ROBERT J. WILSON

D

03/31/2003

Electronic Signature of Signing Officer or Director

Date