

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90068 003 ***150.00

DOCUMENT # P01000067321

1. Entity Name
BENEFIT PERSONAL TRAINING, INC.

Principal Place of Business
501 KNIGHTS RUN AVENUE
APT. 1130
TAMPA FL 33602

Mailing Address
POST OFFICE BOX 172035
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 Knights Run Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 2117

City & State

Tampa, FL

City & State

4. FEI Number

593732169

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINELLI, AMY
IGLER & DOUGHERTY, P.A.
633 FRANKLIN ST., SUITE 601
TAMPA FL 33602

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LABADIE, JAMES R**
 STREET ADDRESS **501 KNIGHTS RUN AVENUE, APT. 1130**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☒ Change ☐ Addition
 NAME **Labadie, James R**
 STREET ADDRESS **501 knights Run Ave, Apt. 2117**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

813-469-1100

Daytime Phone #

CR2E034 (9/01)