

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90011 033 ***150.00

DOCUMENT # P27442

1. Entity Name
ATLANTIC FITNESS CORPORATION

Principal Place of Business

Mailing Address

**8030-1 PHILLIPS HWY
 JACKSONVILLE FL 32256
 US**

**1675 LAKES PKWY #109
 LAWRENCEVILLE GA 30043-5880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1741673**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEATHERSBEE, WILLIAM H
 8030-1 PHILLIPS HWY
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **Anthony Nicometo**

Street Address (P.O. Box Numbers Not Acceptable)

8030-1 Phillips Hwy

City **Jacksonville**

FL

Zip Code **32256**

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 **Anthony Nicometo, Manager**

4/24/00

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **PT** Delete
 NAME **IRIZARRY, RODNEY J.**
 STREET ADDRESS **2369 WALKER DR**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

Change Addition

TITLE **VS** Delete
 NAME **IRIZARRY, DIANE Y.**
 STREET ADDRESS **2369 WALKER DR**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: **Anthony Nicometo**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 Date
770-995-5499 Daytime Phone #

CR2E034 (9/99)