

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90155 050 ***150.00

0028529 AV

DOCUMENT # P95000028611
 1. Entity Name
ATHLETE'S CHOICE FITNESS CENTER, INC.

Principal Place of Business 12425 N MAIN ST JACKSONVILLE FL 32218 US	Mailing Address 11353 EMUNESS RD. JACKSONVILLE FL 32218
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3306138	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

OTTO, BRENDA G
11353 EMUNESS RD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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 *Brenda Gail Otto*
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	
TITLE NAME S HERSEY, KIRSTEN OTTO STREET ADDRESS 11346 RENNE DRIVE E CITY-ST-ZIP JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME T OTTO, TIFANY EVAN STREET ADDRESS 11353 EMUNESS RD CITY-ST-ZIP JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME C NOLAN, VIRGINIA STREET ADDRESS 9133 JOOS RD. CITY-ST-ZIP JACKSONVILLE FL 32220	<input type="checkbox"/> Delete
TITLE NAME MD MUSIC, ALFREDINE STREET ADDRESS 1228 GLENN DRIVE CITY-ST-ZIP JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME P OTTO, BRENDA G STREET ADDRESS 11353 EMUNESS RD CITY-ST-ZIP JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME D OTTO, SCOTT W STREET ADDRESS 11353 EMUNESS ROAD CITY-ST-ZIP JACKSONVILLE FL 32218	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brenda Gail Otto* 1-15-02 (904) 696-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2FC03 (9/01)