

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90104 044 ***150.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3306138**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **LON S. Doehne**

Street Address (P.O. Box Number is Not Acceptable)
14333 Boney Road

City **Jacksonville** FL Zip Code **32226**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: *[Signature]* **LON S. Doehne Accountant** DATE: **3-13-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May-1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **BRENDA G. OTTO** President DATE: **3-13-03** Daytime Phone #: **904-696-0905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)