

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071157

1. Entity Name

FITNESS DEPOT OF JACKSONVILLE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-04-2000 90012 018 ***150.00

Principal Place of Business

Mailing Address

9735 OLD ST. AUGUSTINE ROAD
SUITE 17
JACKSONVILLE FL 32257

9735 OLD ST. AUGUSTINE ROAD
SUITE 17
JACKSONVILLE FL 32257

2. Principal Place of Business

9735 OLD ST AUGUSTINE

3. Mailing Address

10154 oakisle RD. W

Suite, Apt. #, etc.

A 17

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32257

Country

PAWU

Zip

32257

Country

PAWU

4. FEI Number

59-3594672

Applied For

Not Applicable

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

Name

Meir Cohen

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

10154 OAK ISLE ROAD West

City

Jacksonville

FL

Zip Code

32257

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

Meir Cohen

03/28/2000

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, 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

TITLE ☐ Delete
NAME President
STREET ADDRESS Meir Cohen
CITY-ST-ZIP 10154 oakisle Road West
Jacksonville FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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

Meir Cohen

4/13/2000

904-2601212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #