2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90311 019 ***150.00

DOCUMENT # P96000004611

1. Entity Name

#1 GET FIT, INC.

Principal Place of Business	Mailing Address
1954 BISCAYNE DR. WINTER PARK FL 32789	1954 BISCAYNE DR. WINTER PARK FL 32789-3505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1125 ACADEMY DR Suite, Apt. #, etc.	1125 ACADEMY DR Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32714 Country:	Zip: 32714 Country:

4. FEI Number 59-3356968 ☐ 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
LAVARRO, LOU 1954 BISCAYNE NORTH DR WINTER PARK FL 32789	Name: LOU LAVARRO Street Address (P.O. Box Number is Not Acceptable): 1125 ACADEMY DR City: ALTAMONTE SPRINGS FL Zip Code: 32714

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D LAVARRO, LOU C/O 1954 BISCAYNE DR. WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Luis Martin Lavarro LUIS MARTIN LAVARRO 4/15/2000 (407)695-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #