## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000007257  1. Entity Name PHYSIQUES PERSONAL TRAINING, LLC					EILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	ce of Business		01 MAR -7 PM 4: 11					
869 SADLER	ROAD. SUITE 5 BEACH FL 32034	IITE 5 L 32034				•		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEIN	FEI Number   Applied For			
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Add Fee Required	ditional	
	6. Name and Address of Current	Registered Agent	Name	7. Nam	e and Address of New Registere	d Agent		
LANE, DO	DUG W		Street Address (P.O. Box Number is Not Acceptable)					
869 SADI	LER ROAD, SUITE 5	, , , ,	Street Address (F.O. Box Nutriber is Not Acceptable)					
FERNANDINA BEACH FL 32034			City	City FL Zip Code				
8. The above	e named entity submits this statement fo	r the purpose of changing in	ts registered office or r	egistered agent,	or both, in the State of Florida.	101		
	Signature, typed or printed name of urgistered agent a	and title if applicable. (NC	TE: Registered Agent signatur	e required when reinstati	ng) DATI	<u> </u>	,	
			NOW!!! FEE IS \$5 ayable to Departn			<del></del>		ندينة المنابعة
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/CHANG	ES		
TITLE	fresident	☐ Delete	TITLE			Change	☐ Addition	9
NAME . STREET ADDRESS	Doug W. LANE 869 Sadler Road Suite 5		NAME STREET ADDRESS				ļ	2E083 (11/00)
CITY-ST-ZIP	tuelia lacano, FL 32034		CITY-ST-ZIP _	-	·			2E08
TITLE NAME		☐ Delete	TITLE NAME		80000390	□ Change <b>805</b> 8:	Addition	S
STREET ADDRESS			STREET ADDRESS			=01085=±	:025	<del>-</del>
TITLE NAME .	ه ۱ امور د وجورت	☐ Delete	TITLE NAME		******JU_U	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
NAME	·	☐ Delete	TITLE NAME	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•			
TITLE		☐ Delete	TITLE			Change	☐ Addition {	
NAME STREET ADDRESS   CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			<i>*</i> ,	. ;	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME Street address				, R	
CITY-ST-ZIP			CITY-ST-ZIP				•	
indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signafure shall have	e the same legal effect	t as if made unde	r oath; that I am a managing men rida Statutes.	certify that the in hber or manager	nformation r of the	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, M	ANAGER, OR AUTHORIZED F	REPRESENTATIVE	bate	Daytime Phone #	·	