2001 UNIFORM BUSINESS REPORT (UBR)

address, with all of

SIGNATURE

r like empowered

OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2001 8:00 am Secretary of State DOCUMENT # 530924 1. Entity Name BROWNS' GYMNASTICS, INC. 01-24-2001 90007 045 ***150.00 Principal Place of Business Mailing Address 901 CENTRAL PARK DRIVE 901 CENTRAL PARK DRIVE SANFORD FL 32771 SANFORD FL 32771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1732257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOWN, RITA F Street Address (P.O. Box Number is Not Acceptable) 2716 DEER BERRY CT LONGWOOD FL 32779 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE PD Delete NAME BROWN, RITA F STREET ADDRESS STREET ADDRESS 2716 DEER BERRY CT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete TITLE Change ☐ Addition TITLE VSD NAME NAME BROWN, RITA F. STREET ADDRESS STREET ADDRESS 2716 DEER BERRY CT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 Change ☐ Addition TITLE TITLE Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED