2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8:00 am Secretary of State **DOCUMENT # 587114** WOODY'S HEALTH CLUB, INC. 04-23-2000 90007 026 ***150.00 Principal Place of Business Mailing Address C/O DENNIS L. WOOD C/O DENNIS L. WOOD 395 ADAMS ROAD 395 ADAMS ROAD AUBURNDALE FL 33823 AUBURNDALE FL 33823-9407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1848629 Not Applicable ナットじゃん Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOD, DENNIS L. Street Address (P.O. Box Number is Not Acceptable) 395 ADAMS ROAD AUBURNDALE, FL. FL 33823 City Zip Code Consideration of the constitution

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. ٠,٠,٠ SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WOOD, DENNIS L. NAME STREET ADDRESS STREET ADDRESS 395 ADAMS ROAD CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL Change Addition ٧S ☐ Delete TITLE TITLE NAME WOOD, KANDY NAME STREET ADDRESS 395 ADAMS ROAD -STREET_ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #