

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90007 017 ***550.00

0138769 AB

DOCUMENT # 850189

1. Entity Name
JAZZERCISE, INC.

Principal Place of Business
2460 IMPALA DRIVE
CARLSBAD CA 92008

Mailing Address
2460 IMPALA DRIVE
CARLSBAD CA 92008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2460 Impala Drive
 Suite, Apt. #, etc.

3. Mailing Address

2460 Impala Drive
 Suite, Apt. #, etc.

City & State

Carlsbad, CA

City & State

Carlsbad, CA

4. FEI Number

95-3430240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, BARNETT, JR., ESQ.
328 MINORCA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **V** ☐ Delete
 NAME **MISSETT, SHANNA**
 STREET ADDRESS **2460 IMPALA DRIVE**
 CITY-ST-ZIP **CARLSBAD CA 92008**

TITLE **SD** ☐ Delete
 NAME **STANTON, MARGARET P**
 STREET ADDRESS **2460 IMPALA DRIVE**
 CITY-ST-ZIP **CARLSBAD CA 92008**

TITLE **PD** ☐ Delete
 NAME **MISSETT, JUDI SHEPPARD**
 STREET ADDRESS **2460 IMPALA DRIVE**
 CITY-ST-ZIP **CARLSBAD CA 92008**

TITLE **V** ☐ Delete
 NAME **KINNEY, JAN**
 STREET ADDRESS **2460 IMPALA DRIVE**
 CITY-ST-ZIP **CARLSBAD CA 92008**

TITLE **VF** ☐ Delete
 NAME **BALDRIDGE, SALLY**
 STREET ADDRESS **2460 IMPALA DRIVE**
 CITY-ST-ZIP **CARLSBAD CA 92008**

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

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 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: **Sally Baldrige**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01 760 476-1750

Date

Daytime Phone #

CR2E034(5/01)