2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F02000003298

1. Entity Name

P.H. FITNESS INCORPORATED



FILED Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90307 022 ***550.00

Principal Place of Business 18211-D FLOWER HILL WAY GAITHERSBURG MD 20879			Mailing Address 18211-D FLOWER HILL WAY GAITHERSBURG MD 20879						
2. Principal Place of Business		3. Mailing Address			AISI UCSII USII	 	# (#10)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 52-2069030)		opplied For lot Applicable	
Zip	Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New I	legistered	Agent		
C T CORPORATION SYSTEM				Name					
	JTH PINE ISLAND ROAD		Street Addre		ddress (P.O. Box Number is Not Acceptable	ss (P.O. Box Number is Not Acceptable)			
PLANTATI	ON FL 33324								
<u> </u>				City		FI	Zip Cod		
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. I am familiar with, and accept the obligations of registered agent.									
(v									
SIGNATURE									
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					9. Election Campaign Fi Trust Fund Contribution			00 May Be d to Fees	
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	3S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, PETER B 18211-D FLOWER HILL WAY GAITHERSBURG MD 20879	☐ Delete					☐ Change	☐ Addition	
TITLE		□ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME				-		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
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0111-01-21F			UIT-	ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an endress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR