

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

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1. Entity Name

SHAPE UP SISTERS, INC.

✓



Principal Place of Business

**CALLE RAFAEL LASA, #31
AGUAS BUENAS PR 00703**

Mailing Address

**CALLE RAFAEL LASA, #31
AGUAS BUENAS PR 00703**

2. Principal Place of Business

TOWN CENTER

Suite, Apt. #, etc.

SUITE 116 WORLD GOLF VILLAGE

City & State

ST. AUGUSTINE, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

32092

Country

USA

Country

4. FEI Number

66-0608459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WAINER, DAVID S III

**6 EAST BAY STREET, SUITE 550
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, MARIA I**
STREET ADDRESS **HC-01 BOX 6232**
CITY-ST-ZIP **AGUAS BUENAS PR 00703**

TITLE **CD** ☐ Delete
NAME **CROWLEY, JOHN C**
STREET ADDRESS **4460 HODGES BLVD., SUITE 1912**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MARIA I. RODRIGUEZ**
STREET ADDRESS **465 MacKenzie Circle**
CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE **CST** ☒ Change ☐ Addition
NAME **JOHN C. CROWLEY**
STREET ADDRESS **465 MacKenzie Circle**
CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2003

904-940-1525

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

90143102

F02000005733

July 14, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500


Dear Sir/Madam:

Please find enclosed the Uniform Business Report for Shape Up Sisters, Inc. for 2003 along with the filing fee of \$150.00.

This UBR that I received from your office in the last few days is the first one I have received. I trust the late fee can be waived in this circumstance. I plan to take advantage of your online filing in the future.

Thank you for your courtesy.

Sincerely,



John C. Crowley
Chairman, Shape Up Sisters, Inc.