2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # F42231** Aug 28, 2000 8:00 am Secretary of State ADVANCED EXERCISE COMPANY 08-28-2000 90061 007 ***150.00 Mailing Address Principal Place of Business 480 SE 7 DRIVE 2480 SE 7 DRIVE POMPANO BEACH FL-33062 POMPANO BEACH FL 33062-6411 2. Principal Place of Business, 2875 S. Universi 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2161169 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUTLER, BRUCE S Street Address (P.O. Box Number is Not Acceptable) 9709 W. SAMPLE ROAD CORAL SPRINGS FL 33065 Zip Code 062 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE NAME ISRAELS, FRANK NAME STREET ADDRESS STREET ADDRESS 2480 SE 7 DRIVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition ☐ Change TITLE NAME ISRAELS, ROGER NAME 4510 BAYVIEW DR. 907 W. CYPINSS LIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITL F ISRAELS, DENISE NAME NAME STREET ADDRESS 2480 SE 7 DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 □ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 apparents.

SIGNATURE: 🗸

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/00 9547860909

attachment F42231 DUBD194

EASY RIDER BICYCLE & FITNESS 2875 S UNIVERSITY DR. DAVIE, FL 33328 (954) 236-9006

August 24, 2000

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

RE: Document # F42231

FEI Number 59-2161169

Dear Sir or Madam:

Please accept enclosed Check #3011 in the amount of \$150.00 for 2000 Uniform Business Report Fee. We have always paid in a timely manner in the past and ask that you make an exception of the late fee.

We changed accountants in mid-stream; and, in the process, the initial report was never filed. We certainly would have filed it in plenty of time before, had we known that. This will not happen again, as we will file it ourselves in the future.

Thank you for your cooperation in this matter.

Sincerely,

Frank Israels Registered Agent