

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90749 009 ***150.00

DOCUMENT # H83784

1. Entity Name
U. S. TENNIS AND FITNESS COMPANY, INC.



Principal Place of Business
**3963 EXCHANGE AVE
STE B
NAPLES FL 34104
US**

Mailing Address
**3963 EXCHANGE AVE
STE B
NAPLES FL 34104
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2599821** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, ROBERT W
3963-B EXCHANGE AVE.
NAPLES FL 33942**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	TS	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN A	
STREET ADDRESS	169 STANHOPE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TS	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN A	
STREET ADDRESS	169 STAN HOPE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT W	
STREET ADDRESS	169 STAN ROPE CIR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT J	
STREET ADDRESS	1345 MONARCH CIR	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

April 4, 2003 239.643.7300

CR2E034 (10/02)