

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90142 004 \*\*\*150.00

**DOCUMENT # H89666**

1. Entity Name

**PROFESSIONAL FITNESS TRAINERS, INC.**

Principal Place of Business

**6972 QUEEN FERRY CIRCLE  
 BOCA RATON FL 33496**

Mailing Address

**6972 QUEEN FERRY CIRCLE  
 BOCA RATON FL 33496**

B0098487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**110 SE 6th Street  
 1st Floor**

3. Mailing Address

**110 SE 6th Street  
 1st Floor**

City & State

**Fort Lauderdale FL**

City & State

**Fort Lauderdale FL**

**33301**

**USA**

**33301**

**USA**

4. FEI Number

**59-2622151**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KYSER, WILLIAM G.**

**6972 QUEEN FERRY CIRCLE  
 BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

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

**110 SE 6th St.**

**1st Floor**

**Fort Lauderdale**

**FL**

**33301**

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

**16 April 2002**

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **PD** ☐ Delete  
 NAME **KYSER, WILLIAM G.**  
 STREET ADDRESS **6972 QUEEN FERRY CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VPS** ☐ Delete  
 NAME **KYSER, SUSAN**  
 STREET ADDRESS **6972 QUEEN FERRY CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

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  
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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:

**SIGNATURE REQUIRED** **W. KYSON**

**4-16-2002**

**954-769-2875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)