

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90140 027 ***150.00

DOCUMENT # K05460

1. Entity Name
KEY FITNESS FORMULAS, INC.

Principal Place of Business 310 PALM ISLAND NE CLEARWATER FL 33767	Mailing Address 310 PALM ISLAND NE CLEARWATER FL 33767-1930 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0035296	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BONDURANT, MICHAEL L.
 310 PALM ISLAND NE
 CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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, typed or printed name of registered agent and title if applicable. *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2/16/00**

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete PD BONDURANT, MICHAEL L. 310 PALM ISLAND NE CLEARWATER FL 34630	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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 furnished 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]* DATE: **2/16/00** DAYTIME PHONE #: **727 442 7379**

CR2E034 (9/99)