2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46780

1. Entity Name
RHYTHM 'N EXERCISE, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90008 041 ***550.00

008282 AV

D00062509

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7536 DREW OAK DR SEMINOLE FL 33772 US	7536 DREW OAK DR SEMINOLE FL 33772 US

2. Principal Place of Business	3. Mailing Address
1206 ALMONDWOOD DR	1206 ALMONDWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TRINITY	City & State: TRINITY
Zip: 34655 Country: PASCO	Zip: 34655 Country: PASCO

4. FEI Number 59-2949327 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, THOMAS 7536 DREW OAK DR SEMINOLE FL 33772	Name: Street Address (P.O. Box Number is Not Acceptable): 1206 ALMONDWOOD DR. City: TRINITY FL Zip Code: 34655

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: Thomas E Harris — DATE: 8/13/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☒ Change ☐ Addition
NAME	HARRIS, BEVERLY A.	NAME	
STREET ADDRESS	7536 DREW OAKS DR	STREET ADDRESS	1206 ALMONDWOOD DR
CITY-ST-ZIP	SEMINOLE FL 33772	CITY-ST-ZIP	TRINITY FL 34655
TITLE	☐ Delete	TITLE	DIR ☐ Change ☒ Addition
NAME		NAME	THOMAS E HARRIS
STREET ADDRESS		STREET ADDRESS	1206 ALMONDWOOD DR
CITY-ST-ZIP		CITY-ST-ZIP	TRINITY, FL 34655
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #