

# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b>		L00000001301		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">01 AUG 14 PM 12:17</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>1. Entity Name</b> Workout Station LLC 26024 Westridge Avenue Lake Elsinore, Ca. 92586-5815					
<b>Principal Place of Business</b> 26024 Westridge Avenue Sun City, California 92586		<b>Mailing Address</b> 26024 Westridge Avenue Sun City, California 92586			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country			
				DO NOT WRITE IN THIS SPACE	
				<b>4. FEI Number</b> 59-3626756	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> A. Edward McGinty, Esq. 14004 Ellesmere Drive Tampa, Florida 33624				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Department of State</b> </div> <div style="font-size: 24px; font-weight: bold;">100004546301--4</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div style="font-size: 14px;">                         -08/21/01--01015--002                          *****50.00 *****50.00                     </div> </div>					
<b>9. MANAGING MEMBERS / MEMBERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lee G. Clymer 225 Ax Handle Road Quaker Town, PA 18951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E083 (11/00)

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Kirk Clymer **Kirk Clymer** **August 3, 2001** **909-609-0946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE