

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90181 029 ****50.00

DOCUMENT # L00000008504

1. Entity Name
URBAN FITNESS, LLC

Principal Place of Business

**4705 N. FLORIDA AVENUE
TAMPA FL 33603**

Mailing Address

**4705 N. FLORIDA AVENUE
TAMPA FL 33603**

2. Principal Place of Business

4705 N. FLORIDA AVE
Suite, Apt. #, etc.

3. Mailing Address

4705 N. FLORIDA AVE
Suite, Apt. #, etc.

City & State

Tampa

City & State

FL

4. FEI Number

59-3661370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAY, JENNIFER
4705 N. FLORIDA AVENUE
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name **JANA M. POAT**
Street Address (P.O. Box Number is Not Acceptable) **4705 N. FLORIDA AVENUE**
City **Tampa** FL Zip Code **33603**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **GRAY, JENNIFER**
STREET ADDRESS **120 W. POWHATAN AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **MGR** ☐ Delete
NAME **POAT, JANA**
STREET ADDRESS **120 W. POWHATAN AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **POAT, JANA**
STREET ADDRESS **2316 N. HIGHLAND AVENUE** (ADDRESS IS DIFFERENT)
CITY-ST-ZIP **TAMPA, FL. 33602**

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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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

CR2E083 (9/01)