2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State DOCUMENT # L00368 **Entity Name** Japles Gym Inc. 02-20-2002 90072 010 ***150.00 rincipal Place of Business Mailing Address % JOHN PIERCE & JOHN PIERCE といいかいじょえ 2151 TRADE CENTER WAY. 2151 TRADE CENTER WAY NAPLES FL 34109 NAPLES FL 34109 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0134441 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCE, JOHN Street Address (P.O. Box Number is Not Acceptable) 2151 TRADE CENTER WAY NAPLES FL. FL 34109 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS DPST ☐ Addition CR2E034 (9/01 ÌΕ ☐ Delete TITLE ☐ Channe PIERCE, JOHN MF, NAME 2151 TRADE CENTER WAY REET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP TY-ST-ZIP TLE TITLE Change ☐ Addition ☐ Delete MF. NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP City-St-7IP Change ÎLE Delete TITLE Addition МЕ NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP İLE ☐ Delete TITLE Change ☐ Addition ME. NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ÎLE ☐ Delete TITLE Change ☐ Addition REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ΪLΕ ☐ Change ☐ Delete TITLE ☐ Addition ΜE NAME REET ADDRESS STREET ADDRESS TY-ŞT-ZIP 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 indicated on this report or supplemental feport is true and accurate as a 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 professe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, professed and the professed of the profes

IGNATURE:

changed, or on an attachi

Date

Daytime Phone #