

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011061

Entity Name

AQUA FITNESS, LLC

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90194 015 ****50.00

Principal Place of Business

Mailing Address

38 GRETNA GREEN DR.
TAMPA FL 33626

9638 GRETNA GREEN DR.
TAMPA FL 33626

9638 GRETNA GREEN DR.
TAMPA, FL 33626

Principal Place of Business

3. Mailing Address

9638 GRETNA GREEN DR.

9638 GRETNA GREEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33626

HILLSBOROUGH

33626

HILLSBOROUGH

6. Name and Address of Current Registered Agent

4. FEI Number

59-3731457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
DEBRA ANN DONAHUE

Street Address (P.O. Box Number is Not Acceptable)
9638 GRETNA GREEN DRIVE

City
TAMPA

FL

Zip Code

33626

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Debra Ann Donahue

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 16, 2002

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 14, 2002

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

LE ME REET ADDRESS Y-ST-ZIP	MANAGER DEBRA ANN DONAHUE 9638 GRETNA GREEN DRIVE TAMPA FL 33626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 808, Florida Statutes.

SIGNATURE:

Debra Ann Donahue April 27, 2002