FILED

03 SEP 22 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008738

1. Entity Name
GULF SHORE CHILDREN'S FITNESS CENTER, LLC

Principal Place of Business
5950 SONOMA LANE
NAPLES, FL 34119

Mailing Address
5950 SONOMA LANE
NAPLES, FL 34119

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2535 NORTHBROOKE PLAZA DR.
Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA
Zip: 34119 Country: USA

3. Mailing Address: 5950 Sonoma Ln.
Suite, Apt. #, etc.
City & State: Naples, Florida
Zip: 34119 Country: USA

4. FEI Number: 45-0473815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRESPO, PAMALA F
5950 SONOMA LANE
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

400002324875 4
09/22/03--01099--004 **50.00

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	CRESPO, PAMALA F	
STREET ADDRESS	5950 SONOMA LANE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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: Pam F. Crespo 9.16.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #