

2001 UNIFORM BUSINESS REPORT (UBR)

0030955 AB

DOCUMENT # **L99000000210**

1. Entity Name

THE ART OF FITNESS, LLC

FILED
2001 APR 20 AM 11:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

**465 N. MILL, SUITE 9
ASPEN CO 81611**

Mailing Address

**P.O. BOX 1913
ASPEN CO 81612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SEARLE, DENISE
7910 SOUTHWEST 53RD AVENUE
MIAMI FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600004086186--0
-04/27/01--01091--003
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
**MGRM
SEARLE, DENISE
P.O. BOX 1913
ASPEN CO 81612** ☐ Delete

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☐ Change ☐ Addition

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]*

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

Date

Daytime Phone #

CR2E083 (11/00)