

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000008159**1. Entity Name
FITNESS HEADQUARTERS, LLC

Principal Place of Business 1900 CENTRE POINTE BLVD., #186 TALLAHASSEE FL 32308	Mailing Address 1900 CENTRE POINTE BLVD., #186 TALLAHASSEE FL 32308
---	---

2. Principal Place of Business 3380 FRED GEORGE RD. Suite, Apt. #, etc. # 810 City & State TALLAHASSEE FL	3. Mailing Address 3380 FRED GEORGE RD. Suite, Apt. #, etc. # 810 City & State TALLAHASSEE FL
Zip 32303	Country US

4. FEI Number
59-3595341
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PITTMAN JAMES HJR. 1900 CENTRE POINTE BLVD., #186 TALLAHASSEE FL 32308 US	7. Name and Address of New Registered Agent Name PITTMAN JAMES HJR. Street Address (P.O. Box Number is Not Acceptable) 3380 FRED GEORGE RD. # 810 City TALLAHASSEE FL Zip Code 32303
--	--

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 _____ DATE **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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 PITTMAN ANNE L.S. 1900 CENTRE POINTE BLVD., #186 TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN ANNE L.S. 3380 FRED GEORGE RD. # 810 TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN JAMES HJR. 1900 CENTRE POINTE BLVD., #186 TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN JAMES HJR. 3380 FRED GEORGE RD. # 810 TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: James H. Pittman, Jr. Ownr Date **04/23/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)