

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90131 047 ****50.00

DOCUMENT # MO1000000987

1. Entity Name

THE PILATES STUDIO OF ATLANTA, LLC

Principal Place of Business

**11751 CLEVELAND AVENUE, SUITE 21 & 22
 FORT MYERS FL 33907**

Mailing Address

**11751 CLEVELAND AVENUE, SUITE 21 & 22
 FORT MYERS FL 33907**

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 **22-3667719**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DERSTING, MELISSA
 11751 CLEVELAND AVENUE, SUITE 21 & 22
 FORT MYERS FL 33907**

*Spelling
 Correction*

Name

Melissa Derstine

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

11751 Cleveland Avenue

Suites 21 + 22

City

Fort Myers

FL

Zip Code

33907

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **THE PILATES STUDIO OF FORT MYERS**
 STREET ADDRESS **11751 CLEVELAND AVENUE, SUITE 21 & 22**
 CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE ☐ Delete
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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 of Melissa Derstine

4/23/02 212 769-1423

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

Date Daytime Phone #

CR2E083 (9/01)