

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90131 023 ****50.00

DOCUMENT # M98000001203

1. Entity Name

EXERCISEWORKS LLC

Principal Place of Business

Mailing Address

~~8649 N. HIMES AVE. #1303~~
TAMPA FL 33614

~~8649 N. HIMES AVE. #1303~~
TAMPA FL 33614

2. Principal Place of Business

3901 AMERICANA DR.

3. Mailing Address

3901 AMERICANA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL

Zip

33634

Country

USA

Zip

33634

Country

USA

4. FEI Number

59-3535317

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

KALISH, WILLIAM
101 E. KENNEDY BLVD., SUITE 4100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **RENA FIRESTONE**
 Street Address (P.O. Box Number is Not Acceptable) **3047 SALTARA DR.**
 City **TAMPA** FL Zip Code **33618**

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 **DITZIAN, KENNETH**
 STREET ADDRESS ~~8649 N. HIMES AVE. #1303~~
 CITY-ST-ZIP ~~TAMPA FL 33614~~

TITLE ☒ Change ☐ Addition
 NAME **3901 AMERICANA DR.**
 STREET ADDRESS **TAMPA, FL 33634**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 REQUIRED

4-23-02

813 9315354

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

Date

Daytime Phone #

CR2E083 (9/01)