2001 UNIFORM BUSINESS REPORT (UBR)

	JMENT #	M9900	0000323						FILED)		
1. Entity Name FLORIDA FITNESS SERVICES, LLC								OI MAY	-7 PI	4 5: 29	}	
								SECRET	ARY OF	STATE	•	
Principal Pla	ace of Business		Mailing Address]	TALLAHA	SSEE.	FLORID	Α	
	EZE CIRCLE. UNIT #5		2752 MICHIGAN AVE. KISSIMMEE FL 34743									_
KISSIMMEE 1	FL 34743	•										
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2. Principal	Place of Business	nixan ave.	3. Mailing Address	m	Λ (- ` · · ·	- Cuia	1					
Suite, Apt	t. #, etc. Unit #	5	Suite, Apt. #, etc.	<u>''' </u> -#=	<u>Chiyar</u>	ruvp.	<u> </u>	DO NO	WRITE IN	THIS SPACE	E	MJH
City & Sta			City & Ştate		<u> </u>		4. FEI No	umbor				
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Zip 34r	Count	ry /	Zip	Coun	ıtry /	`	5. Certifi	cate of Status Des	ired.	\$5.0	OO Add	ditional
941	6 Name and Ada	fress of Current Re	<u> </u>			!				Fee F	Require	d
	v. Hame and Add	avaa oi cuitetii Re	Risteren Allent		Name		/. Name	and Address of N	iew Kegist	ered Agent		
KEENE, (GEORGIA			,		4 .J			·			
	BREEZE CIRCLE			Street A	Street Address (P.O. Box Number is Not Acceptable)							
KISSIMMI	EE FL 34743											
					City				- ·	F . 7	ip Cod	
		 			<u> </u>					FL z	,p 000	
	e named entity submits	this statement for th	te purpose of chariging its	- g	ed office o	r registere	au agent, o	r both, in the State	of Florida.			
8. The above	e named entity submits		title if applicable. (NOTE	Registered	d Agent signal	ture required v	when reinstating) 1 (1) (1 (1)(1)	435	567E		<u></u> 3
			title if applicable. (NOTE	Registered	d Agent signal	ture required v	when reinstating	, 10000 -05,	435	8676 0109	0==0	—— ——3 012 00.00
GIGNATURE	Signature, typed or printed nai		itte if applicable. (NOTE	Registered	d Agent signal	ture required v	when reinstating	10000 -05, ***	433 731701	*67E 0109 00 ***	0==0	 3)12 0.00
GIGNATURE	Signature, typed or printed nai	me of registered agent and	itte if applicable. (NOTE	Registered W.I.I.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.	d Agent signal	ture required v	when reinstating	10000 -05, ***	.433 731701 ***50.0	*67E 0109 00 ***	()==(***5	3 012 0.00
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