FILED Feb 21, 2003 8:00 am § Secretary of State

02-21-2003 90227 009 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N29806 1. Entity Name THE NEW ATTITUDES CLUB OF NAPLES, INCORPORATED Principal Place of Business 2740 BAYSHORE OR UNIT #14 NAPLES FL 34112 Mailing Address 2740 BAYSHORE DR UNIT #14 NAPLES FL 34112

THE NEV	v attitudes club of Napl	ES, INCORPORATED				
Principal Place of Business 2740 BAYSHORE OR UNIT #14 NAPLES FL 34112		Mailing Address 2740 BAYSHORE DR UNIT #14 NAPLES FL 34112		_		
2. Principal I	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	/_	
City & State		City & State				
		Oily & State		4. FEI Number 65-0089770	Applied For Not Applicable	
Zíp	Country	Zip	Country	5. Certificate of Status Desired [\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Regis	tered Agent	
SISKIN, DANIEL				Street Address (P.O. Box Number is Not Acceptable)		
	ACHWOOD LAKE DRIVE		Street Address	s (F.O. BOX Number is Not Acceptable)		
NAPLES FL 34112			City		FL Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent a		Registered Agent signature requi	\$5.00 May Be Make (OATE Check Payable to Department of State	
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATLACK, RICHARD L. 17 SONDERHEN CIR NAPLES FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKES, SHANE 2647 PELTON AVE NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DT SISKIN, DANIEL 4321 BEECHWOOD LAKE DR NAPLES FL 34112	□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	را المنافقة	☐ Delete	TITLE NAME STREET ADDRESS -CITY-ST-ZIP-		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME Street Address City-St-2ip	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PARTURE MADINETEL

02/17/03 239-417-4223