

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90140 011 \*\*\*150.00

DOCUMENT # **000000002493** (2)

1. Entity Name

**FLIP, FIOPS & FITNESS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**328 Apollo Beach Blvd**

3. Mailing Address

**1016 Sonata Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Apollo Beach**

City & State

**Apollo Beach**

4. FEI Number

**59-3620085**

Applied For

Not Applicable

Zip

**33572**

Country

**Hillsborough**

Zip

**33572**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**William March EA**

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

**6544 US Hwy 41 N #209B**

City

**Apollo Beach**

FL

Zip Code

**33572**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/10/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
BRUCE A. DAVIS  
1016 SONATA LN  
APOLLO BEACH, FL 33572**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRUCE A. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/03 (813) 691-3375**

Date

Daytime Phone #

CR2E034B (12/02)

Attachment



90139877

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 2, 2003

FLIP, FLOPS & FITNESS, INC.  
328 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

SUBJECT: FLIP, FLOPS & FITNESS, INC.  
Ref. Number: P00000002493

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 203A00034428