

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90001 022 ***150.00

DOCUMENT # P00000004469

1. Entity Name

P & S FITNESS OF PORT CHARLOTTE INC.

Principal Place of Business

**669 FIRST AVE NORTH
 ST. PETERSBURG FL 33701**

Mailing Address

**669 FIRST AVE NORTH
 ST. PETERSBURG FL 33701**

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

65-0981106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PIPER, JAN J
 669 FIRST AVE NORTH
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Scott Sugden

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

3056 Overlook PL.

City

Clearwater

FL

Zip Code

33760

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

Scott Sugden

(NOTE: Registered Agent signature required when reinstating)

01-10-02

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P SUGDEN** ☐ Delete
 NAME **SNYDEN, SCOTT**
 STREET ADDRESS **3056 OVERLOOK PL**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VP** ☐ Delete
 NAME **PIPER, PATRICK**
 STREET ADDRESS **859 NANTUCKET RD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02

Date

(941) 627-5509

Daytime Phone #

CR2E034 (9/01)