

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009113

1. Entity Name
MOVE IT, OR LOSE IT, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90013 028 ***550.00

01288810
FD

Principal Place of Business Mailing Address **DBA, NAPLES RESTAURANT**
1107 NORTH BLVD **DBA NAPLES RESTAURANT** 1107 NORTH BLVD **7+8,**
LEESBURG FL 34748 LEESBURG FL 34748

00064023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc. 7+8		Suite, Apt. #, etc. 7+8		59-3625588		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LA BELLE, RICHARD S III 3446 LAKE DRIVE PALM HARBOR FL 34683		Mark Wade Street Address (P.O. Box Number is Not Acceptable) 5444 Old Hickory Lane Fruitland Park FL 34731	

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 DATE **7/30/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, MARK 7 EUCLID AVE HARROGATE HG1-2BD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5444 Old Hickory Lane Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: DATE **7/30/01** DAYTIME PHONE # **352 323 1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)