

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90285 005 \*\*\*150.00

**DOCUMENT # P00000014390**

1. Entity Name

**PHYSICALLY SPEAKING, INC.**

Principal Place of Business

10125 W. COLONIAL DRIVE  
 SUITE 214  
 OCOEE FL 34761

Mailing Address

7484 LAKE MARSHA DRIVE  
 ORLANDO FL 32819

2. Principal Place of Business

10125 W. Colonial Drive

3. Mailing Address

10125 W. Colonial Drive

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

214

City & State

Ocoee FL

City & State

Ocoee FL

Zip

34761

Country

Orange

Zip

34761

Country

Orange

4. FEI Number

59-3623695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GRAMLING, FRANK R  
 200 SOUTHEAST 13TH STREET  
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

William N. Asma, P.A.

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

886 South Dillard Street

City

Winter Garden

FL

Zip Code

34787

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, typed or printed name of registered agent and title if applicable (NONE IF REGISTERED AGENT SIGNATURE REQUIRED WHEN REINSTATING)

William N. Asma

4/19/02

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	<input type="checkbox"/> Delete
NAME	DOURADO, THERESA	
STREET ADDRESS	7484 LAKE MARSHA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janice L. Wooten	
STREET ADDRESS	4814 Wingrove Blvd	
CITY-ST-ZIP	Orlando FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and typed or printed name of signing officer or director

4/18/02

Date

407-295-2956

Daytime Phone #

CR2E034 (9/01)