

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 040 ***150.00

DOCUMENT # P000000019134

1. Entity Name

Fit N Trim Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

995 Riverside Dr.

Suite, Apt. #, etc.

Apt 111

City & State

Coral Springs FL

Zip

33071

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0986379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Kiesling

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

4793 N. Congress Ave #206

City

Boynton Beach

FL

Zip Code

33426

**DO NOT WRITE
IN THIS SPACE**

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.

(If OTIC Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Clint Lee
995 Riverside Dr. Apt 111
Coral Springs FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)