

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023232

1. Entity Name

FIT FOR YOU, INC.

Principal Place of Business

640 E. OCEAN AVE., #8
BOYNTON BCH FL 33425

Mailing Address

640 E. OCEAN AVE., #8
BOYNTON BCH FL 33425

2. Principal Place of Business

P.O. Box 4930

3. Mailing Address

P.O. Box 4930

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

Country

33338

Broward

Zip

Country

33338

Country

Broward

6. Name and Address of Current Registered Agent

ROBERTS, COLETTE
805 18TH AVE., #2
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Colette Roberts Colette Roberts President

DATE

4/26/01

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME D
STREET ADDRESS ROBERTS, COLETTE
CITY-ST-ZIP 805 NE 18TH AVE., #2
FT. LAUDERDALE FL 33304

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2701 yacht Club Blvd C-2
CITY-ST-ZIP Ft. Lauderdale, FL 33304

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

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

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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:

Colette Roberts Colette Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(954) 557-4690

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90205 031 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)