

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

Mailing Address

Suite, Apt. #, etc.
Ft Lauderdale, FL

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Zip 33338

Country Broward

Zip 33338

Country Broward

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

05-02-2001 90205 031 ***150.00

030751

100110



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0990965

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional

Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, COLETTE		NAME	Colette
STREET ADDRESS	805 NE 18TH AVE., #2		STREET ADDRESS	2701 yacht
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP	Bld C-2

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

(561)557-4690
Daytime Phone #