

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 000000 24259**

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90046 009 ***150.00

553388

DO NOT WRITE IN THIS SPACE

1. Entity Name <div style="font-size: 1.2em; font-family: cursive;">E + H Fitness Enterprises, Inc.</div>				<div style="font-size: 1.5em; font-family: cursive;">553388</div>																																																													
Principal Place of Business Mailing Address <div style="font-size: 1.1em; font-family: cursive;">E+H Fitness Enterprises, Inc. 4836 14th St W. Bradenton, FL - 34207</div>																																																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																															
City & State		City & State																																																															
Zip		Country		4. FEI Number <div style="font-size: 1.1em; font-family: cursive;">650996139</div>		Applied For <input type="checkbox"/> Not Applicable																																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		<div style="font-size: 1.5em; font-family: cursive;">4-30-01</div>																																																													
6. Name and Address of Current Registered Agent <div style="font-size: 1.1em; font-family: cursive;">Kelly C. Evans 2846 7th St. W. Ellenton, FL - 34222</div>																																																																	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: <div style="font-size: 1.1em; font-family: cursive;">FL</div> 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 <div style="font-size: 1.2em; font-family: cursive;">Kelly C. Evans</div> DATE																																																																	
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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2546 7th St. W. Ellenton, FL - 34222</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2546 7th St. W. Ellenton, FL - 34222</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Ellenton, FL - 34222</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Ellenton, FL - 34222</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	2546 7th St. W. Ellenton, FL - 34222	<input type="checkbox"/> Delete	STREET ADDRESS	2546 7th St. W. Ellenton, FL - 34222	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP	Ellenton, FL - 34222	<input type="checkbox"/> Delete	CITY - ST - ZIP	Ellenton, FL - 34222	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP	NAME	<input type="checkbox"/> Delete	CITY - ST - ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP	NAME	<input type="checkbox"/> Delete	CITY - ST - ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <div style="font-size: 1.2em; font-family: cursive;">Kelly C. Evans</div> DATE <div style="font-size: 1.2em; font-family: cursive;">4-30-01</div> Daytime Phone # <div style="font-size: 1.2em; font-family: cursive;">720-8942</div>																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																	

CR2E034 (11/00)