2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90676 043 ***150.00

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DOCUMENT # P00000030793

1. Entity Name
TURN, KICK, REACH SWIMMING ACADEMY, INC.

Principal Place of Business	Mailing Address
3340 E. POINT DRIVE	3340 E. POINT DRIVE
COOPER CITY FL 33026	COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13650 NW 4th St.	P.O. Box 260757
Suite, Apt. #, etc.: #303	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33028 Country: USA	Zip: 33026-7757 Country: USA

4. FEI Number 65-0995085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YORK, MINDY	Name: York, Mindy
~~3340 E. POINT DRIVE~~	Street Address (P.O. Box Number is Not Acceptable): 13650 N.W. 4th Street
~~COOPER~~ CITY FL 33026	#303
	City: Pembroke Pines FL Zip Code: 33028

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	Co-Ch. of Bd. + Co-CEO	☑ Change ☐ Addition
NAME	BLOOM, MARLENE		NAME	BLOOM, MARLENE	
STREET ADDRESS	3340 E. POINT DRIVE		STREET ADDRESS	13650 N.W. 4th Street, #303	
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	D	☐ Delete	TITLE	Co-Ch. of Bd. + Co-CEO	☑ Change ☐ Addition
NAME	YORK, MINDY		NAME	York, Mindy	
STREET ADDRESS	3340 E. POINT DRIVE		STREET ADDRESS	13650 N.W. 4th street, #303	
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: Marlene R. Bloom Marlene R. Bloom 4/4/02 (954) 704-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #