FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91520 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031328

045397

1. Entity Name
Fit's In Personal Training Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1705 S. Federal Hwy	1705 S. Federal Hwy
Suite, Apt. #, etc. A-3	Suite, Apt. #, etc. A-3
City & State Delray Bch FL	City & State Delray Bch FL
Zip 33483 County Palm Bch	Zip 33483 County Palm Bch

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035201 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marcy Morrison

Street Address (P.O. Box Number is Not Acceptable): 3595 Commodore Circle

City: Delray Bch FL Zip Code: 33483

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: Marcy Morrison

(Required) (Typed or printed name of registered agent and title if applicable) (Date) (Required if agent is changing) (Typed or printed name of individual with authority to sign on behalf of a partnership)

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: Marcy Morrison, President; 3595 Commodore Circle; Delray Bch, FL 33483	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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CR2E084B (12/01)

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 a director or officer 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: Marcy Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #