2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0000053999 1. Entity Name ATHRETIC ZONE, INC.					Jul 19, 2001 8:00 am 8 Secretary of State 06-29-2001 90004 004 ***150.00 07-19-2001 90006 015 ***400.00				
Principal Place of Business Mailing Address 3992 40TH WAY SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711					_	յրսուսս	•		
Principal Place of Business 3. Mailing Address									
Suite Apt. #, etc. Suite, Apt. #, etc.						VRITE IN THIS SPACE	. •	· . ,	
City & Stat	Petershore F1	City & State			4. FEL Number 36 51 536 Applied For Not Applicable				
Zip33-	712 Pinellas	Zip	Country		5. Certificate of Status Desire	¢0 75	5 Additiona		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
MATERIAL CO	NI C DADDY ECO			Name		İ			
WILKINSON, G. BARRY ESQ 696 1ST AVE NORTH STE 201 ST. PETERSBURG FL 33701					(P.O. Box Number is Not Accept	able)			
SI. PEIE	SOUNG FL 33/01			City		FL Zip	Code		
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent an	× .	Registered	Agent signature require		f Florida.	•	- · ·	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2 Make Check Payable				ee will be \$750		`	\$5.00 Ma Added to Fe		
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO (OFFICERS AND DIREC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, JAMES M 3992 40TH WAY SOUTH ST. PETERSBURG FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Cha	inge ,	noitibby (5/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Detete PRICE, MARY ANN 3992 40TH WAY SOUTH ST. PETERSBURG FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge 🗆 i	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			T ADDRESS ST-ZIP		Cha	inge 🔲 i	Addition	
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TITLE NAME STREET ADDRESS 'CÎTY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Cha	nge /	Addition	
or the cor	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empor or on an attackment with an address, w	Mereol to execute this report a	he exen / signatu s requir	nption stated in Seure shall have the ed by Chapter 60	ection 119.07(3)(i), Florida Statute same legal effect as if made und 7, Florida Statutes; and that my n	es. I further certify that ler oath; that I am an of ame appears in Block	the informa ficer or dire 11 or Block	ation ector < 12 if	

2001 UNIFORM BUSINESS REPORT (UBR) **DQCUMENT # P00000053999** Trachment 2005/9134 1. Entity Name ATHLETIC ZONE, INC. Principal Place of Business Mailing Address 3992 40TH WAY SOUTH 3992 40TH WAY SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE th Au. South City & State Applied For Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WILKINSON, G. BARRY ESQ Street Address (P.O. Box Number is Not Acceptable) -696 1ST AVE NORTH STE 201 ST. PETERSBURG FL 33701 Zio Code ٠ţ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition ☐ Delete ☐ Chance TITLE TITLE PRICE, JAMES M NAME NAME 3992 40TH WAY SOUTH STREET ACCRESS STREET ADDRESS ST. PÉTERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIFLE Change ☐ Delete TITLE PRICE, MARY ANN NAME NAME 3992 40TH WAY SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME _ _ _ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP Delete Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this file indicated on this report or supplemental report is true at of the corporation or the receiver or trustee empo

SIGNATURE