

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000081583

FILED  
Feb 13, 2003  
Secretary of State

Entity Name: FITNESS SYSTEMS OF BOCA, INC.

## Current Principal Place of Business:

16389 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

9183 GLADES ROAD  
BOCA RATON, FL 33434

## Current Mailing Address:

16389 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445

## New Mailing Address:

PO BOX 6730  
DELRAY BEACH, FL 33482

FEI Number: 65-1043355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOLARD, ANN  
16389 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445

## Name and Address of New Registered Agent:

WOOLARD, ANN  
PO BOX 6730  
DELRAY BEACH, FL 33482

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: ANN WOOLARD

02/13/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOOLARD, JAMES J  
Address: 16389 BRIDLEWOOD CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: WOOLARD, ANN  
Address: 16389 BRIDLEWOOD CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J WOOLARD

D

02/13/2003

Electronic Signature of Signing Officer or Director

Date