2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000086188 **DOCUMENT #**

1. Entity Name



FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90117 040 ***150.00

Procedure Supress Supr	EURO FI	TNESS CENTER, INC.				05 00 2005 5	0117 0 10	150.0	,0		
Solito, April 4, 900.	P.O. BOX 160	0935	3593 LAKE EMMA RD								
Secretary Secret	3593-Lake Emmard 3593 Lake Fr)			<u> </u>		
S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name 1200 S PINE ISLAND RD PLANTATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 City FL Zip Code 6. The abjove named entity submits this statement for the purpose of changing its registered agent, or bettly in the State of Ficrids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed in printer news of impressed agent as title illustrations. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Pintal Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRRET ADDRESS CITY-ST-2P TILE NAME	City & Stat	Mary FL	City & State My	F1 3	2746	4. FEI Number 59-3670506		-			
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CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 City FL Z-p Codu		6. Name and Address of Current Re	egistered Agent			7. Name and Address of New R	egistered Ager	ıt]	
1200 S PINE ISLAND RD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable)	CT CORP	ORATION SYSTEM		Name	Name						
PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, and talls registered agent. Addition of registered agent and talls registered. SIGNATURE Symake, bysed or printed ream of registered agent and talls registered. Agent agrinore received when releasting DATE					Street Address (P.O. Box Number is Not Acceptable)						
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 Foolds. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SISD.00 Superior Super	1			-		***************************************	-			\dashv	
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Signature, lipided or printed reader of registered Agent and file of application of registered Agent and registered Agent and reviewed whom a vertication of the analysis of the May 1, 2003 Fee will be \$550.00	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. I am familiar with, and accept										
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		ertify that the information evocated with this	s filing does not available to the		L.	ion 110 07/2/// Clastel Oct.	6th ···· · ·				

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.