

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90719 041 \*\*\*150.00

**DOCUMENT # P00000093833**

1. Entity Name  
**FIT BODIES, INC.**

Principal Place of Business  
**1521 S.E. 11TH STREET  
 DEERFIELD BEACH FL 33441**

Mailing Address  
**1521 S.E. 11TH STREET  
 DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1046521**

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

~~NESCH, DOROTHEA~~  
**740 SOUTH FEDERAL HIGHWAY  
 APT. 203  
 POMPANO BEACH FL 33062**

**PETER SPINNLER  
 1521 SE 11th St  
 DEERFIELD BEACH  
 FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **PVP**  
 NAME **SOMNER, PETER** ☐ Delete  
 STREET ADDRESS **1521 SE 11TH STREET**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PVP**  
 NAME **SPINNLER, PETER** ☒ Change ☐ Addition  
 STREET ADDRESS **1521 SE 11TH STREET**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **TS**  
 NAME **NASCH, DOROTHEA** ☒ Delete  
 STREET ADDRESS **740 S FEDERAL HWY APT 203**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)