

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90075 013 ***158.75

DOCUMENT # P00000110327

1. Entity Name
INTERNATIONAL SPORTS & FITNESS TRAINERS ASSOCIATION, INC.



Principal Office Address
International Sports & Fitness
Trainers Association, Inc.
www.isfta.com
2545 Webber St.
Sarasota, FL 34239

Principal Office Address

2. Principal Place of Business
2545 Webber St.

3. Mailing Address
2545 Webber St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FLORIDA

City & State
SARASOTA, FLORIDA

4. FEI Number **65-1058459**

Applied For
Not Applicable

Zip
34239

Country
SARASOTA

Zip
34239

Country
SARASOTA

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

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON FL 34209

Name
Vm Winkle & Sams, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2815 Proctor Rd
City **SARASOTA** **FL** **Zip Code** **34231**

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 the obligations of registered agent.

SIGNATURE *[Signature]*
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENSON, GREG M	
STREET ADDRESS	2009 23RD AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWN M. SNYDER	
STREET ADDRESS	2545 Webber St	
CITY-ST-ZIP	SARASOTA, FLORIDA 34239	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. SNYDER	
STREET ADDRESS	2545 Webber St.	
CITY-ST-ZIP	SARASOTA, FLORIDA 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **SHAWN M. SNYDER**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

01/10/03 941-316-9788
Date Daytime Phone #

CR2E034 (10/02)