

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90090 028 ***150.00

DOCUMENT # P00000115881

1. Entity Name
HEART THROB FITNESS, INC.

Principal Place of Business

2950 IMMOKALEE RD #4
NAPLES FL 34110

Mailing Address

696 POMPANO DRIVE
NAPLES FL 34110

2. Principal Place of Business

2362 Immokalee Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip Country

34110 USA

4. FEI Number

59-3691348

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMEY, LEE A
696 POMPANO DR
NAPLES FL 34110

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMEY, LEE A	
STREET ADDRESS	696 POMPANO DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARBEAU, KAREN D	
STREET ADDRESS	174 VIA PERIGNON	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMEY, DANIEL T	
STREET ADDRESS	696 POMPANO DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARBEAU, WILLIAM C	
STREET ADDRESS	174 VIA PERIGNON	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9637 Wilshire Lakes Blvd
CITY-ST-ZIP	Naples, FL 34109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9637 Wilshire Lakes Blvd
CITY-ST-ZIP	Naples, FL 34109
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	

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:

Lee A. Lamey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-02
 Date

941-593-8121
 Daytime Phone #

CR2E034 (9/01)