## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/1

## FILED Jul 24, 2003 8:00 am Secretary of State

| 1. Entity Nan  |   | 0061228                           |                                       |                       | 0/-                         | -14-2003 903         |                           |                             |
|--|---|-----------------------------------|---------------------------------------|-----------------------|-----------------------------|----------------------|---------------------------|-----------------------------|
| Principal Place<br>1611 OSBAN<br>LAKELAND F  |   |                                   |                                       | 55052118              |                             |                      |                           |                             |
| 2. Principal Place of Business 2648 High Ridge Dr. 2648 High Suite, Apt. #, etc.  3. Mailing Address 2648 High Suite, Apt. #, etc. |   |                                   |                                       | Dr.                   | III                         | HERE IF MAKING       | G CHANGES                 |                             |
|  | land, FL  | City & State Lakeland,            | FL                                    | 4                     | FEI Number 59-372           | 7640                 | No.                       | pplied For<br>ot Applicable |
| 3381   | 3 Country USA  B. Name and Address of Current R   | 33813                             | Country<br>USA                        |                       | Certificate of Status Des   |                      | \$8.75 Adv<br>Fee Require | ditional<br>ad              |
|  | b. Maile and Addiess of Carlett M   | agisteled Agent                   | Name                                  |                       | Name and Address of I       |                      | Agent                     |                             |
| COYLE, L<br>1611 OSI<br>LAKELAN  | Street  |                                   | Box Number is Not Acce                |                       |                             |                      |                           |                             |
|  | named entity submits this statement for t   |                                   | City                                  | akelo                 | •                           | FL                   | . כביכו                   | <del>\$</del> /3            |
| SIGNATURE .  | Signature, typed or prived barne of registered agent.  Signature, typed or prived barne of registered agent and the state of the state | d the fraphicable. (NOTE:         | nH/Lau<br>Registered Agent signal     | ra L-                 | Coyle                       | J/9<br>DATE          | <u>/e3</u><br>_ \$5.0     | O May Be                    |
| 10.  | OFFICERS AND DI   | RECTORS                           | 11.                                   |                       | ADDITIONS/CHANGES TO        | OFFICERS AND         | DIRECTOR                  | S IN 11                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PSTD<br>COYLE, LAURA L<br>1611 OSBAN STREET<br>LAKELAND FL 33803  | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Coyle<br>2648<br>Lake | High Ridge D                | )( + ·<br>3813       | Ø Change<br>addre         | Addition SS                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP   |   | Delete .                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                       | metry po                    |                      | ☐ Change                  | ☐ Addition                  |
| TITLE NAME: STREET ADORESS CITY-ST-ZIP   |   | ☐ Deleta                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                       |                             |                      | Change                    | Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | Delete                            | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                       |                             |                      | ☐ Change                  | Addition                    |
| TITLE<br>Name<br>Street address<br>City-St-Zup   |   | ☐ Delate                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                       |                             |                      | Change                    | Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                       |                             |                      | ☐ Change                  | Addition                    |
| 12. Thereby c  | ertify that the information supplied with thi   | is filing does not qualify for th | e exemption state                     | ed in Section         | 119.07(3)(i), Florida Statu | ites. I further cert | tify that the inf         | ormation                    |

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 tike empowered.

attachment

55052118 #FU100000Lel228

Laura L. Coyle Coyle Health & Fitness Inc. 2648 High Ridge Dr. Lakeland, FL 33813 (863) 648-5799 July 21, 2003

FL Dept. of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

## To Whom It May Concern:

On July 9, 2003 I received notification that the UBR for my company had not been filed. This was my first notification of the need to file. My business and home addresses had recently been changed and I feel that I may not have received any previous notice because of this. I immediately submitted my \$150.00 fee and a letter stating that this had been my first notice, however, today, July 21, 2003, I received another letter stating that my report cannot be filed without the \$400 late fee. I contacted your office and was informed that the letter sent with my report had been lost and that I was required to resubmit the letter and report. Please submit my report at this time and contact me if there are any further questions. My document # is P01000061228. Thank you for your help in this matter.

Sincerely,

Laura L. Coyle, President Coyle Health & Fitness Inc.