


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90001 041 ***150.00

DOCUMENT # 901000070452	
1. Entity Name The Zone Sports Nutrition & Fitness, Inc.	

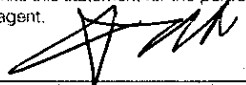
DO NOT WRITE IN THIS SPACE

54072860

2. Principal Place of Business 1175 N. COURTEWAY		3. Mailing Address 1175 N. COURTEWAY	
Suite, Apt. #, etc. 4B		Suite, Apt. #, etc. 4B	
City & State MCARRITT ISLAND, FL		City & State MCARRITT ISLAND, FL	
Zip 32953	Country USA	Zip 32953	Country USA
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

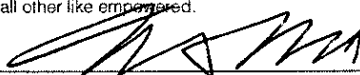
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
	City FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 8/1/04

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOMMY SHORAK 1175 N. COURTEWAY SUITE 4B MCARRITT ISLAND, FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 8/1/04 DAYTIME PHONE # 321-455-1566

CR2E034B (12/02)

Attachment

54072860
P01000070452

THE ZONE
SPORTS NUTRITION
& FITNESS

To whom it may concern,

We never received our first notice for our UBR, possibly due to the wrong address on the form. Please make the necessary changes. Enclosed is my \$150.00 check for my UBR. Thank You.

Sincerely,
Tommy J. Shorick


President