

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90115 036 ***150.00

0155487 FP

DOCUMENT # P01000070452

1. Entity Name

THE ZONE SPORTS NUTRITION & FITNESS, INC.



Principal Place of Business
**10798 N COURTENAY PKWY
MERRITT ISLAND FL 32953**

Mailing Address
**10798 N COURTENAY PKWY
MERRITT ISLAND FL 32953**

2. Principal Place of Business

THE ZONE SPORTS NUTRITION & FITNESS

3. Mailing Address

1079 B N. COURTENAY PKWY

Suite, Apt. #, etc.

1079 B N. COURTENAY PKWY

Suite, Apt. #, etc.

1079 B N. COURTENAY PKWY

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

Zip

32953

Country

USA

Zip

32953

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3736754**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORIAK, TOMMY

**10798 N COURTENAY PKWY
MERRITT ISLAND FL 32953**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

President TOMMY J. Shorlak 7/1/03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** NAME **SHORIAK, TOMMY** ☐ Delete
STREET ADDRESS **10798 N COURTENAY PKWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1079 B**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/03 (324) 455-1566

CR2E034 (4/03)

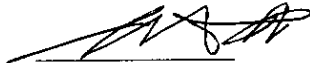
Attachment #
80144565

~~PO10000704B2~~
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. Shoriak



President
