

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90271 031 \*\*\*150.00

**DOCUMENT # P01000074401**

1. Entity Name  
**COREFITNESS SYSTEMS, INC.**

Principal Place of Business  
**9802-005 BAYMEADOWS RD.  
 JACKSONVILLE FL 32256**

Mailing Address  
**9802-005 BAYMEADOWS RD.  
 JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**9802 BAYMEADOWS RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32256 USA**

4. FEI Number  
**62-1862120**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**EMMANUEL, ROBERT  
 30 S. SPRING ST.  
 PENSACOLA FL 32501**

## 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  
**PRESIDENT**  
 NAME  
**HARRY E. DODICH**  
 STREET ADDRESS  
**2740 NEWMAN ROAD**  
 CITY-ST-ZIP  
**MOBILE, AL 36695**

☐ Delete

TITLE  
**VICE PRESIDENT**  
 NAME  
**JEFFREY CONNORS**  
 STREET ADDRESS  
**8787 SOUTHSIDE BLVD, APT 5709**  
 CITY-ST-ZIP  
**JACKSONVILLE, FL 32256**

☐ Delete

TITLE  
**VICE PRESIDENT**  
 NAME  
**STEVE R. GOGUEN**  
 STREET ADDRESS  
**994 TIMBER CREEK WAY**  
 CITY-ST-ZIP  
**COLUMBUS, GA 31904**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PRESIDENT**  
 NAME  
**HARRY E. DODICH**  
 STREET ADDRESS  
**2740 NEWMAN ROAD**  
 CITY-ST-ZIP  
**MOBILE, AL 36695**

☐ Change ☒ Addition

TITLE  
**VICE PRESIDENT**  
 NAME  
**JEFFREY CONNORS**  
 STREET ADDRESS  
**8787 SOUTHSIDE BLVD, APT 5709**  
 CITY-ST-ZIP  
**JACKSONVILLE, FL 32256**

☐ Change ☒ Addition

TITLE  
**VICE PRESIDENT**  
 NAME  
**STEVE R. GOGUEN**  
 STREET ADDRESS  
**994 TIMBER CREEK WAY**  
 CITY-ST-ZIP  
**COLUMBUS, GA 31904**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02**  
 Date

Daytime Phone #

CR2E034 (9/01)