


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91164 016 \*\*\*150.00

DOCUMENT # **P01600079612**

1. Entity Name **PICATES CENTER OF NAPLES, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**PICATES CENTER OF NAPLES 241 9th ST S**  
Suite, Apt. #, etc.  
**241 9th ST S**  
City & State  
**NAPLES FL**  
Zip  
**34102** Country  
**Collier**

3. Mailing Address  
**241 9th ST S**  
Suite, Apt. #, etc.  
**NAPLES FL**  
City & State  
**PICATES CENTER OF NAPLES**  
Zip  
**34102** Country  
**Collier**

DO NOT WRITE IN THIS SPACE

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4. FEI Number **65-1131445** Applied For  
No: Applicable

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

7. Name and Address of Current Registered Agent  
Name **SUSAN BAYER-MANN SECRETARY TREASURER**  
Street Address (P.O. Box Number is Not Acceptable)  
**5345 14th AVE SW**  
City **NAPLES** FL Zip Code **34106**

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 *Susan Bayer Mann* DATE 4-30-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>GEN. FORBES, PRESIDENT</b> <b>10202 VANDERBILT DR</b> <b>NAPLES FL 34108</b>	<b>PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>SUSAN BAYER-MANN, SECRETARY TREASURER</b> <b>5345 14th AVE SW</b> <b>NAPLES FL 34106</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Susan Bayer Mann Secretary / Treasurer* DATE 2-13-03 239 659-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT  
80112826

000000 148092

Pilates Center of Naples  
241 9<sup>th</sup> St South  
Naples, Florida 34102  
April 30, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL, 32302-1500

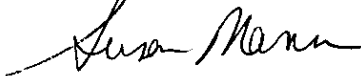
Dear Sirs,

Enclosed is a check that was written on 1-10-03, and was sent to your offices. The check was sent back to us, and a letter was sent indicating that the form that came with it needed to be filled out in more detail.

Unfortunately the letter and form were placed in our filing cabinet, in between folders, and was found recently, when cleaning out the filing cabinet. I apologize for the delay in sending the check back to you with the form.

Thank you for your consideration on this matter,

Sincerely,



Susan Mann  
Secretary/Treasurer

*Pilates Center of Naples*