

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082755

Entity Name

WEDISH FITNESS DESIGNS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90158 008 ***150.00

Principal Place of Business

500 TURKEY OAKS DRIVE S
JACKSONVILLE FL 32277

Mailing Address

8500 TURKEY OAKS DRIVE S
JACKSONVILLE FL 32277

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3737740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETTIT, CHERYL B
8500 TURKEY OAKS DRIVE S
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

1. LE PETTIT, CHERYL B ☐ Delete
ME 8500 TURKEY OAKS DRIVE S
REET ADDRESS JACKSONVILLE FL 32277
Y-ST-ZIP

2. LE VSTD ☐ Delete
ME PETTIT, WILLIAM R
REET ADDRESS 8500 TURKEY OAKS DRIVE S
Y-ST-ZIP JACKSONVILLE FL 32277

3. LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP

4. LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP

5. LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP

6. LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24, 2002

Date

Daytime Phone #

(904) 744-2126

CR2E034 (9/01)