

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

DOCUMENT # **P01000085613**

1. Entity Name

No Limits Personal Training of South Florida, Inc.

FILED

02 DEC 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Broward County

Suite, Apt. #, etc.

3. Mailing Address

419 S Crescent Dr

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Zip

33021

Country

Country

Broward

4. FEI Number

65-1157112

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Blackstone**

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

3732 NW 16th Street

City

Fort Lauderdale

FL

Zip Code

33311

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **David Willcock**

Street Address **419 S Crescent Dr**

City- ST- ZIP **Hollywood FL 33021**

Title

Name

Street Address

City- ST- ZIP

DO NOT WRITE

IN THIS SPACE

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-09-2022
Daytime Phone #

DAVID FRIEDMAN, P.A.

4651 Sheridan Street
Suite 325
Hollywood, Florida 33021
954 962-3800
Fax: 954 962-3803

MEMO

To: Uniform Business Report
From: David Friedman, Esquire
Client/Matter: No Limits Personal Training of S.F., Inc.
Date: December 9, 2002

MESSAGE

Enclosed please find my clients UBR for the above referenced corporation. In addition, please find his check for the sum of \$150.00. Please be advised that my client did not receive this form in the mail which is why this is being paid and filed late.

Should you have any questions, please do not hesitate to contact me at the above address and number.