

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P010G0094210.**

1. Entity Name

JOMAR FITNESS HOLDINGS, INC.

FILED

02 OCT 23 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10800 AVENIDA DEL RIO
DELRAY BEACH FL 3344610800 AVENIDA DEL RIO
DELRAY BEACH FL 33446

2. Principal Place of Business

41 SW Monterey Rd

Suite, Apt. #, etc.

3. Mailing Address

691 SW Pine Tree Ln

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Palm City FL

Zip

34994

Country

US

Zip

34990

Country

US

4. FEI Number

36-4470281

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

CROWN, NANCY E ESQ.

7301 WEST PALMETTO PARK ROAD

SUITE 201

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Joseph M Calabrese

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

691 SW Pine Tree Ln

City

Palm City

FL

Zip Code

34990

8. I, 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

Joseph Calabrese President 9/8/02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRIA, JOSEPH III	
STREET ADDRESS	10800 AVENIDA DEL RIO	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Calabrese	
STREET ADDRESS	691 SW Pine Tree Ln	
CITY-ST-ZIP	Palm City FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/02 772-287-0222

Date

Daytime Phone #

CR2E034 (9/01)