2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am § Secretary of State DOCUMENT # P01000094725 1. Entity Name 05-24-2002 91308 005 ***150 00 LORD'S GYM OF PENSACOLA, INC. Principal Place of Business Mailing Address 214 IMPERIAL RIDGE COURT 214 IMPERIAL RIDGE COURT OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address 6300 N. Davis 6300 N. Davis Hux Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For tensacola **Yensacola** 59-3746889 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINANCIAL FOUNDATIONS, INC. ox Number is Not Acceptable) 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F (9/01)☐ Defete TITLE Secretary Addition NAME LANGFORD, GLORIA A Tracie V. Samillano NAME STREET ADDRESS 214 IMPERIAL RIDGE COURT 3505 Silver Thorn Circle STREET ADDRESS CITY-ST-7IP OVIEDO FL 32765 CITY-ST-ZIP Oviedo FL 32766 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7(F CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

FILED