

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90149 029 \*\*\*150.00

DOCUMENT # **PO100000916011** ✓  
1. Entity Name  
**B+B Fitness Enterprises Inc.**  
**DBA World Gym Fitness Center**

**DO NOT WRITE IN THIS SPACE**

**641572**

2. Principal Place of Business  
**8340 Front Bch Rd**  
Suite, Apt. #, etc.  
**Panama City Bch, FL**  
City & State  
Zip **32407** Country **U.S.A**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**62-1869030**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **Vice-President**  
NAME **John F. Brown Jr.**  
STREET ADDRESS **14208 Bay Ave**  
CITY-STATE-ZIP **Panama City Bch, FL 32413**

TITLE **President**  
NAME **Brett Barnett**  
STREET ADDRESS **4608 Delwood Pk Blvd**  
CITY-STATE-ZIP **Panama City Bch, FL 32409**

TITLE **Sec./Treasurer**  
NAME **Natalie Barnett**  
STREET ADDRESS **4608 Delwood Pk Blvd**  
CITY-STATE-ZIP **PCB, FL 32408**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**John F. Brown Jr.**

**4-16-02**

**(850)**

**249-6753**

Date

Daytime Phone: #

CR2E034B (12/01)