## 2002 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

### **DOCUMENT #** P01000097914 GYM-TEC SERVICES, INC. Principal Place of Business Mailing Address 1057 SCHOONER LANE 1057 SCHOONER LANE ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address

# FILED Sep 15, 2002 8:00 am Secretary of State

09-15-2002 90088 024 \*\*\*150.00

980577



DO NOT WRITE IN THIS SPACE

City & State			City & State		1 20 2 40-			Applied For	
Zip	Country	-	Zip	Country	5.		\$8.75 A		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
	,			Name			otered Agent		
BEDFORD, ROBERT T				Character Andrew					
1057 SCHOONER LANE				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
ENGLEW	OOD FL 34224				***				
-				City		<del></del>			
				City			FL Zip Co		
the obligation	named entity submits this s tions of registered agent.	statement for th	e purpose of changing its	registered office or reg	istered ag	ent, or both, in the State of Florida	a. I am familiar with	, and accept	
SIGNATURE									
	Signature, typed or printed name of re	gistered agent and t	title if applicable. (NOTI	E: Registered Agent signature re-	quired when re	einstating)	DATE		
Tax filing requirement and elects to do so. (See criteria on back)  After September 13, 2 Make Check Payable				!! FEE IS \$550.00 i, 2002 Fee will be \$ ble to Department of	750.00 State	10. Election Campaign Financ Trust Fund Contribution.	· _ Ψυ.	00 May Be ed to Fees	
11.		CERS AND DIF	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDFORD, ROBERT T 1057 SCHOONER LAN ENGLEWOOD FL 34224		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street address City-St-Zip		,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	19.07(3)(i), Florida Statutes. I furth	☐ Change	☐ Addition	

of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my ame appears in Block 11 or Block 12 if each or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suite, Apt. #, etc.

City & State

Attachment 980577 POI 000097914

September 10, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

#### To Division of Corporations:

In the month of June of 2000, I purchased Gym Tec Services. It was my first attempt at owning my own business. The accountant at the time was stationed in Michigan and the company itself was registered in Michigan. The first thing I did was to dissolve the Michigan company and register it in the state of Florida; however, the one thing I did not realize and was not notified of, until I recently retained a Florida CPA, was registering the company with the Division of Corporations each year. Either the initial letter you sent me was lost in all my paperwork, or I never received it.

I am asking for a one-time waiver of the late fee that was accessed since I did not file by the proper date. As I understand that I must file each and every year, I will make sure as to not miss the deadline in the future years to come. I appreciate your understanding in this matter and fully hope you understand the circumstances that lead to the delay in filing.

Thank you,

Robert T. Bedford

Gym Tec Services, Inc.