

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90089 005 ***150.00

DOCUMENT # P01000099965

1. Entity Name
SOAR FITNESS CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 NORTH OCEAN BOULEVARD
Suite, Apt. #, etc.

3. Mailing Address
101 NORTH OCEAN BOULEVARD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
03-0401666

Applied For
Not Applicable

Zip Country
33432

Zip Country
33432

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
JOHN T. DAVID
Street Address (P.O. Box Number is Not Acceptable)
408 SOUTH ANDREWS AVENUE

SUITE 202
City **FL** Zip Code **33301**
FORT LAUDERDALE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **DIRECTOR**
NAME **JAN GRENELL**
STREET ADDRESS **1132 S.W. 21ST LANE**
CITY - ST - ZIP **BOCA RATON, FL 33486**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #