

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90068 015 \*\*\*150.00

DOCUMENT # **P01000116163** ✓  
1. Entity Name

Ultimate Health and Fitness

**DO NOT WRITE IN THIS SPACE**

**656235**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5030 Champion Blvd**

3. Mailing Address  
**5030 Champion Blvd**

Suite, Apt. #  
**D2**

Suite, Apt. #, etc.  
**D2**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

4. FEI Number  
**912171762**

Applied For  
Not Applicable

Zip  
**33496**

Country  
**USA**

Zip  
**33496**

Country  
**USA**

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Shannon Wheate**

Street Address (P.O. Box Number is Not Acceptable)  
**1575A Spring Harbor Dr.**

City  
**Delray Beach FL** Zip **33495**

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

*Shannon Wheate*

Signature typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when re-registering)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Owner  
Shannon Wheate  
1575A Spring Harbor Dr.  
Delray Beach FL 33495**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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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:

*Shannon Wheate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (12/01)