
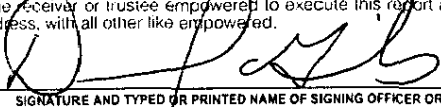


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 032 ***158.75

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

DOCUMENT # P02000014536			
1. Entity Name COMPASS HEALTH & FITNESS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 101 NE 2nd Street		3. Mailing Address 101 NE 2nd Street	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Ocala		City & State Ocala	
Zip 34470	Country USA	Zip 34470	Country USA
4. FEI Number 04-3606635		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Daniel Hicks, P. A.			
Street Address (P.O. Box Number is Not Acceptable) 421 South Pine Avenue			
City Ocala,		FL	Zip Code 34474
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 _____ (NOTE: Registered Agent signature required when reappointing) 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President David Gibas 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Lee Farkas 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director David Gibas 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Lee Farkas 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gary J. Garrett 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 reports 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: 		President April 09, 2003 352-401-3488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)