

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90066 036 ***150.00

DOCUMENT # P02000034294

1. Entity Name
GET FIT ENTERPRISES, INC.



Principal Place of Business
**14185 BEACH BOULEVARD
SUITE 9
JACKSONVILLE FL 32250**

Mailing Address
**14185 BEACH BOULEVARD
SUITE 9
JACKSONVILLE FL 32250**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14255 Beach Blvd

Suite, Apt. #, etc.

14255 Beach Blvd

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32250

Country

US

Zip

32250

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0647312

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PANNOZZO, VINCE
14185 BEACH BOULEVARD
SUITE 9
JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14255 Beach Blvd

City

JACKSONVILLE

FL

Zip Code

32250

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/8/03

Date

Daytime Phone #