

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90037 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000040116			
1. Entity Name AGGRESSIVE FITNESS, INC.			
Principal Place of Business 462 KINGSLEY AVE, STE 101 ORANGE PARK, FL 32073		Mailing Address 8433 SOUTHSIDE BLVD APT 2714 JACKSONVILLE, FL 32254	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent TOLSON, JOHN P JR 462 KINGSLEY AVE, STE 101 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required			
6. 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, valid for period current registered agent and it is applicable. (NOTE: High level Agent/Signatures Required when withdrawing) DATE _____			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10a. ☐ Delete TITLE PD NAME Justin Stead STREET ADDRESS 8433 Southside Blvd Apt 2714 CITY-ST-ZIP Jacksonville, FL 32256		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
10b. ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
10c. ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
10d. ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
10e. ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 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)(b), Florida Statute. 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 407, Florida Statute; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other the empowered.			
SIGNATURE: _____		04/30/03 (904) 631-3168	
_____ Signature, valid for period current registered agent and it is applicable.		_____ Date	

90130870



☒ CHECK HERE IF MAKING CHANGES

Set Number **03-0429568** Applied For Not Applicable

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

OFFICER (10/03)