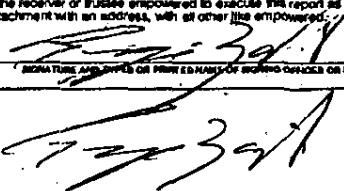


FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 92203 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052718			
1. Entity Name PRO-FITNESS CENTER G.Z., INC.			
Principal Place of Business 226 S BARBOUR ST BEVERLY HILLS, FL 34465		Mailing Address 226 S BARBOUR ST BEVERLY HILLS, FL 34465	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ZAJACK, GEORGE 226 S BARBOUR ST BEVERLY HILLS, FL 34465		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Certificate of Status Desired ☐ \$3.75 Additional Fee Required			
7. Signature Signature, typed for printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when submitting) Date			
8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		9. Signature Signature, typed for printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when submitting) Date	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED ZAJACK, GEORGE 226 S BARBOUR ST BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAJACK, TRACY S 226 S BARBOUR ST BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature on it 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 filers empowered.			
SIGNATURE: 		Date: 6/30/03	
SIGNATURE AND OFFICE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

55046323



☐ CHECK HERE IF MAKING CHANGES

FEI Number **01-0678844** Applied For Not Applicable

8. Certificate of Status Desired ☐ **\$3.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed for printed name of registered agent and file if applicable

(NOTE: Registered Agent's signature required when submitting)

Date

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

9. Signature
Signature, typed for printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when submitting) Date

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PCED
ZAJACK, GEORGE
226 S BARBOUR ST
BEVERLY HILLS, FL 34465** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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ZAJACK, TRACY S
226 S BARBOUR ST
BEVERLY HILLS, FL 34465** ☐ Delete

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SIGNATURE:



Date: **6/30/03**

SIGNATURE AND OFFICE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Continued Page #