2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -2 AM 9:40

DOCUMENT # P02000053565

1. Entity Name
MELBOURNE BEACH FITNESS INCORPERATED

Principal Place of Business
3830 SOUTH HIGHWAY A1A
MELBOURNE BEACH, FL 32951

Mailing Address
~~3237 SEA OATS CIRCLE~~
~~MELBOURNE BEACH, FL 32951~~
NEW Z

12/11/03 01024 031 150.00

2. Principal Place of Business	3. Mailing Address 3830 S. Highway A1A
Suite, Apt #, etc.	Suite, Apt. #, etc. Suite A-3
City & State	City & State Melbourne Beach Fl
Zip / Country	Zip 32951 / Country Brevard

☐ CHECK HERE IF MAKING CHANGES,

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIPPOLONE, ROBERT S JR.
~~3237 SEA OATS CIRCLE~~ 305 Cherry Drive.,
MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RIPPOLONE, ROBERT S JR.	
STREET ADDRESS	~~3237 SEA OATS CIRCLE~~ 305 Cherry Drive	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	V	☐ Delete
NAME	DEABREU, IVAN	
STREET ADDRESS	19 HAGERMAN AVENUE	
CITY-ST-ZIP	MEDFORD, NY 11763	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Robert S. Rippolone President 12/03 321 409-2914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/2/04

To Whom It May Concern:

We never received the papers by mail to re-file. Enclosed is a check for 150.00. Please contact us if there is any problems.

Thank you,

Have a Merry Christmas and Safe Holiday!

Robert Rippolone
Melbourne Beach Fitness
3830 s highway A1A
Melbourne Beach
Florida
32951

Mr Robert Rippolone