

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90112 021 ***150.00

DOCUMENT # P02000065960

1. Entity Name
ZENERGY FITNESS INC.



Principal Place of Business
**10312 TROUT RD.
ORLANDO FL 32836**

Mailing Address
**10312 TROUT RD.
ORLANDO FL 32836**

20026480



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
329 DILLARD STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER GARDEN FL.

City & State

4. FEI Number
0304 721 48

Applied For
Not Applicable

Zip
34 787

Country
ORANGE

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONSDORFER, EMMANUEL K
10312 TROUT RD.
ORLANDO FL 32836**

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]*

2/25/2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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LONSDORFER, EMMANUEL
10312 TROUT RD.
ORLANDO FL 32836** ☐ Delete

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2003

407-876-3038

Date

Daytime Phone #

CR2E034 (10/02)