


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

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

03-06-2003 90139 030 ***150.00

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|---|---|
| DOCUMENT # <u>PD 2000070774</u> 1. Entity Name <u>DB Fitness Works, Inc.</u> |  |
|---|---|

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business <u>1914 19th LANE</u> Suite, Apt. #, etc. | 3. Mailing Address <u>1914 19th LANE</u> Suite, Apt. #, etc. |
|--|--|

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| | | | |
|---|--------------------------------------|------------------------------------|--|
| City & State <u>LAKE WORTH, FL</u> | City & State <u>LAKE WORTH FL</u> | 4. FEI Number <u>01-0138831</u> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <u>33463</u> | Country <u>USA</u> | Zip <u>33463</u> | Country <u>USA</u> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KAREN REYNOLDS GRAMENZ
 Street Address (P.O. Box Number is Not Acceptable)
1138 LAKE WORTH ROAD, STE 102
 City LAKE WORTH FL Zip Code 33467

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>D BUCK, DOLORES M.</u> <u>1914 19th LN</u> <u>LAKE WORTH, FL 33463</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dolores M. Buck DOLORES M. BUCK 2/28/03 (561) 762-0841
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)