


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91850 035 \*\*\*150.00

DOCUMENT # P02000078204  
1. Entity Name  
Allegiance Fitness Training ✓



**DO NOT WRITE IN THIS SPACE**

90129566

2. Principal Place of Business  
Mobile company/Home  
Suite, Apt. #, etc.

3. Mailing Address  
19124 woodstage drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa FL

City & State  
Tampa FL

4. FEI Number  
04-3713631  Applied For  
Not Applicable

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

Zip  
33647 Country  
United states Zip  
33647 Country  
U.S.

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
David Rickman

Street Address (P.O. Box Number is Not Acceptable)  
19124 woodstage Drive

City  
Tampa FL Zip Code  
33647

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 David Rickman DATE 5/11/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Initial filing fee: \$150.00  
Annual May 1 Fee: \$150.00  
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<br><u>President</u>                      | NAME<br><u>David Rickman</u> | TITLE          | NAME           |
| STREET ADDRESS<br><u>19124 woodstage Drive</u> | STREET ADDRESS               | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP<br><u>Tampa FL 33647</u>           | CITY-ST-ZIP                  | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE<br><u>vice president / Treasurer</u>     | NAME<br><u>Katie Rickman</u> | TITLE          | NAME           |
| STREET ADDRESS<br><u>1124 woodstage Drive</u>  | STREET ADDRESS               | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP<br><u>Tampa FL 33647</u>           | CITY-ST-ZIP                  | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE  | NAME                         | TITLE          | NAME           |
| STREET ADDRESS                                 | STREET ADDRESS               | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP                                    | CITY-ST-ZIP                  | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE  | NAME                         | TITLE          | NAME           |
| STREET ADDRESS                                 | STREET ADDRESS               | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP                                    | CITY-ST-ZIP                  | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE  | NAME                         | TITLE          | NAME           |
| STREET ADDRESS                                 | STREET ADDRESS               | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP                                    | CITY-ST-ZIP                  | CITY-ST-ZIP    | CITY-ST-ZIP    |

**DO NOT WRITE IN THIS SPACE**

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: David Rickman DATE 5/11/03 (313) 631-9748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)