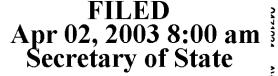
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000089340 DOCUMENT # 1. Entity Name AMBIANCE HEALTH & FITNESS, INC.



04-02-2003 90110 027 ***150.00

| ☐ CHECK HERE IF MAKING CHAI | NGES | | | |
|---------------------------------------------|-----------------------|--|--|--|
| 4. FEI Number | Applied For | | | |
| 16-1626169 | Not Applicable | | | |
| | 5 Additional lequired | | | |
| 7. Name and Address of New Registered Agent | | | | |
| | | | | |

SIVYER, NEAL A Street Address (P.O. Box Number is Not Acceptable) 100 S ASHLEY DR STE 2150 TAMPA FL 33602 City

Mailing Address

TAMPA FL 33635

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9047 BAYOU DRIVE

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.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

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

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE .

9047 BAYOU DRIVE

TAMPA FL 33635

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FL

| Wake Cited | k rayable to righta behaltillent of State | | | | | |
|---------------------------------------|-------------------------------------------|------------|------------------------------------------------|------------------------------------------------------------|----------|------------|
| 10. | OFFICERS AND DIRECTOR | RS | 11. | ADDITIONS/CHANGES TO OFFICERS AN | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P- Wahid abawi 5705 N. Taliaferro ave Tampa Fi 33604 | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-William Kincer 9047 Bayou Dr Tanpe -FL -33635 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ 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 |

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 vustee empowered to recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or vustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE: