

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90402 050 ***150.00

DOCUMENT # P02000115566



1. Entity Name
WEBSTER FITNESS GROUP, INC.

Principal Place of Business
**3640 FICUS PLACE
GRANT FL 32949**

Mailing Address
**3640 FICUS PLACE
GRANT FL 32949**



2. Principal Place of Business
3450 BAYSIDE LAKES BLVD

3. Mailing Address

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BAY FL

City & State

4. FEI Number
74-366 8162

Applied For
Not Applicable

Zip
32909

Country
US

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

**BICKFORD, ROBERT E
2101 S. WAVERLY PLACE, SUITE 200E
MELBOURNE FL 32901**

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

**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 **D** ☐ Delete
NAME **WEBSTER, CAROL**
STREET ADDRESS **3640 FICUS PLACE**
CITY-ST-ZIP **GRANT FL 32949**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ***Carol Webster**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 03 321 956-1700
Date Daytime Phone #

CR2E034 (10/02)