

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91879 023 ***150.00

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DOCUMENT # P02000115774

1. Entity Name
SUN STATE FITNESS GROUP, INC.



Principal Place of Business
**355 PLAZA DR., SUITE 2
EUSTIS FL 32726**

Mailing Address
**355 PLAZA DR., SUITE 2
EUSTIS FL 32726**

2. Principal Place of Business

753 S. OBT

3. Mailing Address

753 S. OBT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOLKA, FL

City & State

APOLKA, FL

Zip

32702

Country

USA

Zip

32702

Country

USA

4. FEI Number

38-3663674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HERNANDEZ, OTTO
355 PLAZA DR., SUITE 2
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **B.**

Street Address (P.O. Box Number is Not Acceptable)
753 S. OBT

City **APOLKA**

FL

Zip Code

32702

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: **Otto Hernandez**
Signature, typed or printed name of registered agent and title if applicable

Otto Hernandez

(NOTE: Registered Agent signature required when reinstating)

4-29-03

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

TITLE **PD** ☐ Delete
NAME **HERNANDEZ, OTTO**
STREET ADDRESS **355 PLAZA DR., SUITE 2**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

Otto Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(352) 516-5626

Daytime Phone #

CR2E034 (10/02)