FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2004 8:00 am
Secretary of State
08-03-2004 90006 017 ***158.75

DOCUMENT #P03000099762

1. Entity Name
Next Level Fitness by Rebecca Inc.

DO NOT WRITE IN THIS SPACE

54066534

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2. Principal Place of Business	3. Mailing Address
~~Home Office travel~~	3314 Brenford Place
Suite, Apt. #, etc. 3314 Brenford Place	Suite, Apt. #, etc.
City & State Land O Lakes, FL	City & State Land O Lakes, FL
Zip 34639 Country USA	Zip 34639 Country USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Rebecca Ibbs
Street Address (P.O. Box Number is Not Acceptable) 3314 Brenford Place
City Land O Lakes **FL** Zip Code 34639

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

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	President
NAME	Rebecca Ibbs
STREET ADDRESS	3314 Brenford Place
CITY-ST-ZIP	Land O Lakes, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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: [signature] 6/7/04 727-641-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment July 29, 04

540665-34

To whom it may concern: #P03000099762

I received this letter in the mail last week, on July 23rd. The letter is dated May 3rd and there was obviously a long delay until it got to me. I originally submitted my check in April and I apparently did not fill in the form completely. I have, to the best of my knowledge, now completed the form in it's entirety. I called the Division of Corporations when I received this letter last Friday and ~~they~~ I was instructed to include a letter explaining the delay.

Your immediate attention is appreciated. If there are any further problems please contact me at my business number, 727-641-9881.

Thank you for your time

Rebecca Ibbs