

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

DOCUMENT # P04000061664

1. Entity Name

GIT FIT FITNESS COMPANY



FILED

05 MAY 27 PM 12:32

SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3924 Lake Mirage Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State

4. FEI Number
20-0998406

Applied For

Not Applicable

Zip
32817

Country
United States

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City
Miami

FL

Zip Code
33145

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD Thomas D. Spooner 3924 Lake Mirage Blvd Orlando, Florida 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600055370046 06/09/05--01031--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Leslie A. Spooner 3924 Lake Mirage Blvd Orlando, Florida 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/05

2082

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF ORANGE)


1. Thomas D. Spoone is a President of GIT FIT FITNESS COMPANY, a Florida corporation, (hereinafter "Corporation").
2. That the Corporation failed to file its Uniform Business Report or pay the Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. GIT FIT FITNESS COMPANY satisfies the requirements of the Florida Statutes 607.0401.

Dated: 23 day of May, 2005

FURTHER, AFFIANT SAYETH NOT

GIT FIT FITNESS COMPANY

By: 
Thomas D. Spoone, President

SWORN AND SUBSCRIBED
before me this 23 day of May, 2005

Notary Public, State of Florida at Large
Printed Name: Deana Rosecrans
Commission Expires: 08-17-05



Deana Rosecrans
Commission # DD347460
Expires: AUG. 17, 2008
www.AARONNOTARY.com