

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

Git Fit Fitness Company  
P.O. 4000061664

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 31 PM 2:19

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7722 University Blvd.

7722 University Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Winter Park, Florida

City &amp; State

Winter Park, Florida

4. FEI Number

200998406

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

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7. Name and Address of Current Registered Agent

Name  
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Coral Way, 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P/F/D  
Thomas Daniel Spooone  
3924 Lake Mirage Blvd.  
Orlando, FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
600069963386  
04/10/06--01064--018 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V/S/D  
Leslie Ann Spooone  
3924 Lake Mirage Blvd.  
Orlando, FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
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CITY-STATE-ZIP

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13. 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 11 or on an attachment with an address and all other like empowered.

SIGNATURE:

Thomas Daniel Spooone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Listed

Designated Phone #

407-736-5251