

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006545

1. Entity Name

KEYS BODYFIT AEROBICS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90009 041 ***150.00

Principal Place of Business

Mailing Address

103200 O/S HWY #12
KEY LARGO FL 33037
US

17 CORRINE PLACE
KEY LARGO FL 33037-4203
US

2. Principal Place of Business

3. Mailing Address

101403 OVERSEAS HWY

P.O. Box 1466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY LARGO, FL

TAVERNIER, FL

Zip
33037

Country

Zip
33070

Country

4. FEI Number

65-0385306

Applied For

Not Applicable

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

PIEKLO, BARBARA L
17 CORRINE PLACE
KEY LARGO FL 33037

Name

PIEKLO, BARBARA L.

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHELDON, MELINDA
82670 OVERSEAS HWY.
ISLAMORADA FL 33036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIEKLO, BARBARA
17 CORRINE PL.
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melinda Sheldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
Date

305-453-0701
Daytime Phone #

CR2E034 (9/99)