

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026360

1. Entity Name

POWERHOUSE GYM & AEROBICS OF PALM BAY, INC.

Principal Place of Business

Mailing Address

4850 STACK BLVD
MELBOURNE FL 32901

PO BOX 767531
ROSWELL GA 30076

2. Principal Place of Business

3. Mailing Address

5380 Castlebrooke Crossing Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cumming GA

Zip

Country

Zip

Country

30040

USA

4. FEI Number

59-3174958

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

SALYERS, GARY A
866 BELLEVUE ST NE
PALM BAY FL 32907

Name

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, 2001 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 P
NAME SALYERS, GARY A ☐ Delete
STREET ADDRESS 866 BELLEVUE ST NE
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE V
NAME SALYERS, LISA A ☐ Delete
STREET ADDRESS PO BOX 767531 ((N/A))
CITY-ST-ZIP ROSWELL GA 30076

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5380 Castlebrooke Crossing Dr.
CITY-ST-ZIP Cumming GA 30040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91105 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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