

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91345 009 \*\*\*158.75

**DOCUMENT # P93000067895**

1. Entity Name  
**BIOFITNESS SYSTEMS, INC.**

Principal Place of Business  
**P O DRAWER 337**  
**POMPANO BEACH FL 33061**  
**US**

Mailing Address  
**P O DRAWER 337**  
**POMPANO BEACH FL 33061**  
**US**

2. Principal Place of Business

**5205 NW 33rd Ave**

Suite, Apt. #, etc.

3. Mailing Address

**5205 NW 33rd Ave**

Suite, Apt. #, etc.

City & State

**FT. Lauderdale, FL**

City & State

**FT. Lauderdale, FL**

Zip

**33309**

Country

**Florida**

Zip

**33309**

Country

**Florida**

4. FEI Number

**65-0440750**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CURRIER, LEWIS W III**

**5801 NW 87TH WAY**

**TAMARAC FL 33321-4445**

7. Name and Address of New Registered Agent

Name

**Lewis W. Currier III**

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

**1540 SW 4th St.**

City

**FT. Lauderdale**

FL

Zip Code

**33317**

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 **Lewis W. Currier III**

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

(NOTE: Registered Agent signature required when reinstating)

**1/17/2002**

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, 2002 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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	ZEIGMAN, STEVEN R	
STREET ADDRESS	P O DRAWER 337	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	DV	<input type="checkbox"/> Delete
NAME	YOUNG, PATRICK	
STREET ADDRESS	P O DRAWER 337	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CURRIER, III, LEWIS W	
STREET ADDRESS	P O DRAWER 337	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WELLS-CURRIER, ARLENE E	
STREET ADDRESS	P O DRAWER 337	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINMAN, ROY H DR.	
STREET ADDRESS	P O DRAWER 337	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, CHARLES O	
STREET ADDRESS	P O DRAWER 337	
CITY-ST-ZIP	POMPANO BEACH FL 33061	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomlin, Kenneth A	
STREET ADDRESS	5205 NW 33rd Ave	
CITY-ST-ZIP	FT. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brubaker, Roy B	
STREET ADDRESS	5205 NW 33rd Ave	
CITY-ST-ZIP	FT. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Steven R. Zeigman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-02 954-973-0762**

CR2E034 (9/01)