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2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am DOCUMENT # P94000021378 **Secretary of State** 1. Entity Name 03-11-2002 90027 016 ***150.00 SYNERGY FITNESS SYSTEMS, INC. Principal Place of Business Mailing Address 620 BOUGLAS AVENUE P.O. BOX 3000 STE 130 STE. 600 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address مات تد∗ید نورنتر لایزد<mark>گی</mark>ر ilian Doubling 900 EAST WILDMERE AVE, UNIT 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LONGWOOD, FL 32750 SYNERGY Fitness Systems In City & State 4. FEI Number Applied For 59-3229198 Not Applicable Allen C. Woodruff Zip Country \$8.75 Additional П 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WETTACH, JOSEPH C.L. Street Address (P.O. Box Number is Not Acceptable) 315 E. ROBINSON STREET STE. 600 ORLANDO FL 32801 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete WOODRUFF, ALLEN C NAME 900 E. Wildmere 620 DOUGLAS AVE. # 1308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗝 🗝 🚉 - 🚎 🗸 - 🔁 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addre

SIGNATURE AND TYPED OR PRINTED NAME OF