

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000018307**

1. Entity Name
LORDS Gym, INC.

UBR
FILED
02 DEC 16 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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2. Principal Place of Business 7138 N. UNIVERSITY DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMARAC FL		City & State	
Zip 33321	Country BROWARD	Zip	Country
4. FEI Number 65-0564426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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01-02

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7. Name and Address of Current Registered Agent

Name
VIVIAN FREEHLING
Street Address (P.O. Box Number is Not Acceptable)
5210 EAGLE CAY PL
City
COCONUT CREEK FL Zip Code
33073

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 *Vivian Freehling* **VIVIAN FREEHLING** **12/12/02**
Signature, typed or printed name of registered agent and firm 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 PRESIDENT	TITLE 600009529495
NAME VIVIAN FREEHLING	NAME 12/16/02--01103--011 **300.00
STREET ADDRESS 5210 EAGLE CAY PL	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-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)(b), 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, with all other like empowered.

SIGNATURE: *Vivian Freehling* **VIVIAN FREEHLING** **12/12/02** (954) 724-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Lord's Gym, Inc.
7138 N. University Drive
Tamarac, FL 33321
(954) 724-3110

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

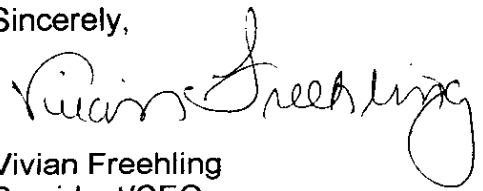
To Whom It May Concern:

It has recently come to my attention that the corporation that I own has not fulfilled the requirements to keep an active status. I did not receive the paperwork for doing so in 2001, therefore the forms were not sent to me in 2002 as well.

Per my conversation with your representative I have enclosed the downloaded forms as well as the payment for the last two years and respectfully ask that you reinstate these corporations and waive the fees.

Thank you for your attention to this matter.

Sincerely,



Vivian Freehling
President/CEO

VF/jf

enclosures

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