2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000020041

1. Entity Name

FITNESS DEVELOPMENT AND CONSULTANT SERVICES LIM TED, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90165 031 ***150.00

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Principal Plac	ce of Business	Mailin	g Address									
10911 BONITA BEACH ROAD			10911 BONITA BEACH ROAD									
206-1		208-1	208-1									
BONITA SPRI	NGS FL 34135	BONI	BONITA SPRINGS FL 34135									
2. Principal Place of Business			3. Mailing Address				 	881 11 5 10161 6111	EBJEL BEKIL BELIEL B	#108	E	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Star	te	City	City & State				4. FEI Number 65-0695558 Applied Fo Not Applied					
Zip	Zip Country Zip				ry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Curre	nt Registere	ed Agent				7. Name and	d Address of I	New Register	ed Agent		
	_				Name	,			~. ·z	*	-	
HENSLEY	', Karey Onita Beach Road				Street Add	dress (P.C). Box Numb	er is Not Acce	ptable)			
208-1	PDDINGS EL 24125				-							
BONITA SPRINGS FL 34135				City				F	Zip (Code		
8. The above the obligat	named entity submits this statement lions of registered agent.	for the purp	ose of changing its	registere	d office or re	egistered	agent, or bo	th, in the State	of Florida. 1	am familiar w	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title it app	licable. (NOT	E: Registered	Agent signature	required wh	en reinstating)		. DA	TE.		
Ro -	ILE NOWILL FEE IO 6450 00											
🦲 🛈 After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department							ection Campai ust Fund Contr			5.00 May Be ided to Fees	
10.	OFFICERS AN		 R\$	11.			ADDITIONS	/CHANGES TO) OFFICERS A	AND DIDECT	ODS IN 11	
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NAME	KELL, THOMAS		CT Delete	NAME							ge [] Addition	
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CITY-ST-ZIP	NAPLES FL 34108				ST-ZIP						}	
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12. I hereby c	ertify that the information supplied wi	th this filing	does not qualify for	the exem	ption stated	I in Section	on 119.07(3)(i), Florida Stat	utes. I further	certify that th	e 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 10 or Block 11 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