2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000021928								FILED Feb 10, 2002 8:00 am					
DOCU 1. Entity Nam				Secretary of State					,				
FITNESS	PROGRAMMIN	NG, INC.						02-10-200	2 90006	026 ***150	0.00	•	
Principal Plac	e of Business	<u> </u>	Mailing Address		··-								
5642 UPLAND WAY P O BOX 2004 WEST PALM BEACH FL 33417 PALM BEACH FL 33480													
WEST FALM I	DEACH TE 35417		US SEMONT PE 30400										
	Place of Business No Ocean	Blvd.	3. Mailing Address						 15 18 18				
Suite, Apt. #, etc. APT, 602 Suite, Apt. #, etc.					DO NOT WRI					ITE IN THIS SPACE			
City & Stat	e O	, FL	City & State			4.	. FEI Numb	65-05731	66	1 → · ·	pplied For ot Applicable	$\left\{ \right.$	
zip 334 8	Cour	in Beach Ch	Zip	Coun	try	5	. Certificate	e of Status Desire	d 🗆	\$8.75 Ad Fee Require			
	6. Name and Ad	Idress of Current Re	gistered Agent		Name	7.	Name and	d Address of Nev	v Registere	d Agent		-	
REID, PHI					Street A	ddress (P.O	. Box Numb	er is Not Accepta	able)	! -		1	
340 ROYAL PALM WAY PALM BEACH FL 33480												1	
					City				F	Zip Coo	de		
•	oration is eligible to s		FILE NOW!	!! FEE	IS \$150.		<u> </u>	ection Campaign	DATE	<u> </u>	00 May Be		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable						t of State	Tr	ust Fund Contribu	ution.	☐ Adde	d to Fees		
11.	ם	OFFICERS AND DI	RECTORS Delete	12.	 :			/CHANGES TO C		ND DIRECTOR Change	S IN 11	∫ ≘	
NAME STREET ADDRESS	PROUTY, LORET 5642 UPLAND W	/AY	□ Delete	NAM STRE	e Et address	3951	N- (ORETTA Dean B Apt	J. 10d. 160a			034 (9/01	
CITY-ST-ZIP	WEST PALM BE	ACH FL 33417	Delete	CITY	-ST-ZIP	Delra	uy 13e	ach, Al	<u>3348.</u>	.3 □ Change	Addition	CRZE	
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TITLE			☐ Delete	TITLE						☐ Change	Addition		
NAME STREET ADDRESS				NAM STRE	e Et address	j 							
CITY-ST-ZIP				-	-ST-ZIP	<u> </u>				Changa	Addition	-	
TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP					et address • \$t-zip					•			
TITLE			☐ Delete	TITLE						☐ Change	Addition		
NAME STREET ADDRESS					ET ADDRESS								
13. hereby	certify that the inform	ation supplied with th	s filing does not qualify for	r the exe	-ST-ZIP mption sta	ted in Sectio	n 119.07(3)	(i), Florida Statute	es. I further d	ertify that the	nformation	-	
indicated of the cor changed,	on this report or sup- poration or the recei or on an attachmen	plemental report is tri ver or trustee empowi with an address, with	ue and accurate and that report and to execute this report all other like empowered.	ny signal as requi	ure shall h red by Cha	ave the sam apter 607, Fi	e legal effe orida Statut /	ct as if made und es; and that my n	er oath; that ame appear	i am an office s in Block 11 c	r or airector or Block 12 if		