

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **950000 29001**

1. Entity Name

**FLORIDA FITNESS EQUIPMENT, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 27 PM 3:38

Principal Place of Business

Mailing Address

**23342 WATER CIRCLE  
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0577163**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARK A. RIXON  
23342 WATER CIRCLE  
BOCA RATON FL 33486**

Name

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

City

**FL**

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

*Mark A. Rixon* **MARK A. RIXON**

Signature, typed or printed name of registered agent and file 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) ☒

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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 **PRESIDENT** ☐ Delete  
NAME **MARK A. RIXON**  
STREET ADDRESS **23342 WATER CIR**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark A. Rixon* **MARK A. RIXON**

10/23/00

Date

5813681195

Daytime Phone #

CR2E034 (9/99)



P95-29081 P.2

FEI

# 65-0577163

TO: DIV. OF CORPORATIONS  
FROM: MARK RIXON  
RE: FILLING FORM  
DATE: 10/6/00

FOR THE SECOND YEAR IN A ROW I HAVE NOT RECEIVED THE FORM TO RENEW MY CORPORATION. I THINK YOU ARE SENDING IT TO MY OLD ADDRESS. MY CORRECT ADDRESS IS 23342 WATER CIRCLE BOCA RATON FL 33486.

I ONLY KEEP THIS COMPANY ACTIVE TO PAY OFF DEBT, I DO NOT PRESENTLY DO MUCH BUSINESS WITH IT. I HAVE BEEN TOLD BY MY ACCOUNTANT TO SEND YOU THE FILLING FEE AND GIVE YOU MY CORRECT ADDRESS BECAUSE WE NEED THE COMPANY TO STAY ACTIVE TO PAY OFF MONIES OWED.

PLEASE CALL ME WITH ANY QUESTIONS. THANK YOU.