

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075595

1. Entity Name

OSTRENGA HEALTH CLUB SERVICES, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90150 028 ***150.00

Principal Place of Business

929 LEE CT
PANAMA CITY FL 32404

Mailing Address

929 LEE CT
PANAMA CITY FL 32404
US

C0045623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

929 Lee CT.

Suite, Apt. #, etc.

3. Mailing Address

929 Lee CT.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City, FL

4. FEI Number 59-3342789

Applied For

Not Applicable

Zip

32404

Country

USA

Zip

32404

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTRENGA, TIMOTHY ALLEN
929 LEE CT
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title 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, 2001 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 D
NAME OSTRENGA, TIMOTHY ALLEN
STREET ADDRESS 929 LEE CT
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/01 (850) 522-9898

0029624

CR2E034 (10/00)