

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90029 035 ***150.00

DOCUMENT # P95000075595

1. Entity Name

OSTRENGA HEALTH CLUB SERVICES, INC.

Principal Place of Business

**929 LEE CT
 PANAMA CITY FL 32404**

Mailing Address

**929 LEE CT
 PANAMA CITY FL 32404
 US**

2. Principal Place of Business

1809 BAYVIEW AVE

3. Mailing Address

P.O. Box 4701

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

4. FEI Number

59-3342789

Applied For

Not Applicable

Zip
32405-1518

Country
USA

Zip
32401-8701

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTRENGA, TIMOTHY ALLEN
 929 LEE CT
 PANAMA CITY FL 32404**

Name

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

1809 BAYVIEW AVE

City

PANAMA CITY

FL

Zip Code

32405-1518

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OSTRENGA, TIMOTHY ALLEN**
 CITY-ST-ZIP **929 LEE CT
 PANAMA CITY FL 32404**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1809 BAYVIEW AVE**
 CITY-ST-ZIP **PANAMA CITY, FL 32405-1518**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 (850) 872-6908

Date

Daytime Phone #

CR2E034 (9/01)