

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90027 008 ***150.00

003594
 AV

DOCUMENT # P96000027760

1. Entity Name
ERBAUGH'S AUTO FITNESS, INC.

Principal Place of Business
10300-1 BEACH BLVD.
JACKSONVILLE FL 32246

Mailing Address
10300-1 BEACH BLVD.
JACKSONVILLE FL 32246
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3377421		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ERBAUGH, BRIAN 10300-1 BEACH BLVD. JACKSONVILLE FL 32216				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 _____ (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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERBAUGH, BRUCE			NAME			
STREET ADDRESS	9974 HAWKS HOLLOW RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERBAUGH, DANNY			NAME			
STREET ADDRESS	10200 BELLE RIVER BLVD, #36			STREET ADDRESS	2320 LUANA DR. E.		
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERBAUGH, DIANNE			NAME			
STREET ADDRESS	9983 JEANETTE ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32246			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERBAUGH, BRIAN			NAME			
STREET ADDRESS	9983 JEANETTE ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32246			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERBAUGH, SHARON			NAME			
STREET ADDRESS	9974 HAWKS HOLLOW RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 904-642-0333
 Date Daytime Phone #

CR2E034 (9/01)