

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000028108

1. Entity Name
J & B FITNESS ENTERPRISES, INC.



Principal Place of Business
4400 PGA BLVD STE 700
PALM BEACH GARDENS, FL 33410

Mailing Address
4400 PGA BLVD STE 700
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business
9910 ALT. A1A

3. Mailing Address
9910 ALT. A1A

Suite, Apt. #, etc.
PALM BEACH GARDENS

Suite, Apt. #, etc.
P56, FL

City & State
FLORIDA

City & State

Zip
33410

Country
USA

Zip
33410

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0659324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYER, JOHN W
4400 PGA BLVD STE 700
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
BRET JAMES
Street Address (P.O. Box Number is Not Acceptable)
9910 ALT. A1A
PALM BEACH GARDENS
City
FL Zip Code
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPT
BOYER, JOHN W
STREET ADDRESS
734 SANDY PAM LANE
CITY-ST-ZIP
WEST PALM BEACH, FL 33410

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
BRET JAMES
STREET ADDRESS
9910 ALT. A1A
CITY-ST-ZIP
PALM BEACH GARDENS, FL 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)