

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000044189**

1. Entity Name

SHAPE U FITNESS, INC.

Principal Place of Business

10361 W SAMPLE RD
CORAL SPRINGS FL 33065
US

Mailing Address

10361 W SAMPLE RD
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LARUE, LISA
10361 W SAMPLE RD
CORAL SPRINGS FL 33065

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D	LARUE, LISA R	10361 W SAMPLE RD CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90016 006 ***150.00

A0078496



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0677565

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional**
Fee Required

CR2E034 (5/00)

Attachment
P96000044189
A0078496

SHAPE U FITNESS, INC.

10361 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

September 4, 2000

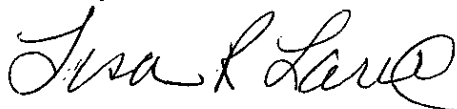
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS-REINSTATEMENT
PO BOX 6327
TALLAHASSEE, FL 32314

RE: FEI# 65-0677565

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 for my Uniform Business Report. I previously sent check#1601 on April 15, 2000 along with my annual report, but apparently you did not receive it. After speaking with your department on Friday, September 1st, they suggested that I send another check along with my second notice report and this letter. I am asking that you please waive all late fees since I did send my original report on time. Thank you very much for your consideration in this matter.

Sincerely,



Lisa Larue