

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90098 030 ***150.00

DOCUMENT # P96000057407 ✓
 1. Entity Name
Fitcore, Inc.

Principal Place of Business Mailing Address - same
13205 US Highway One
Suite 210
Juno Beach FL 33408

103980

2. Principal Place of Business 3. Mailing Address
13205 US Hwy One same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#210
 City & State City & State
Juno Beach FL
 Zip Country Zip Country
33408 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0698532 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Joseph M. Wheelock
513 US Highway One #204
North Palm Beach FL 33408

7. Name and Address of New Registered Agent
 Name Joey Diavalvi, Joseph
 Street Address (P.O. Box Number is Not Acceptable) 13205 US Highway One
Suite 210
 City Juno Beach FL Zip Code 33408

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 Joseph Diavalvi Joey Diavalvi-Director DATE 5-10-00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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, 2000 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 <u>Director</u>	<input type="checkbox"/> Delete
NAME <u>Joseph A. Diavalvi</u>	
STREET ADDRESS <u>1551 Forum Place # 300F</u>	
CITY-ST-ZIP <u>WPB FL 33401</u>	
TITLE <u>Director</u>	<input type="checkbox"/> Delete
NAME <u>Joseph M. Wheelock</u>	
STREET ADDRESS <u>513 US Hwy One #204</u>	
CITY-ST-ZIP <u>NPB FL 33408</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Diavalvi Director DATE 5-10-00 (561) 691-1949
(Signature and typed or printed name of signing officer or director Daytime Phone #)

CR2E034 (9/99)