

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000057407** ✓

1. Entity Name

Fitcore, Inc.

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

05-31-2000 90098 030 ***150.00

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

4. FEI Number

65-0698532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joseph M. Wheelock
513 US Highway One #204
North Palm Beach FL 33408

Name

Joey Diavisalvi, 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 M. Wheelock

Joey Diavisalvi - Director

5-10-00

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, 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director ☐ Delete
Joseph A. Diavisalvi
1551 Forum Place #300F
WPB FL 33401

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director ☐ Delete
Joseph M. Wheelock
513 US Hwy One #204
WPB FL 33408

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 M. Wheelock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

5-10-00 (561) 691-1949

Date

Daytime Phone #

CR2E034 (9/99)