

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057407

1. Entity Name
FITCORE, INC.

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90001 010 ***150.00

Principal Place of Business
13205 US HWY 1
#210
JUNO BEACH FL 33407
US

Mailing Address
13205 US HWY 1
#210
JUNO BEACH FL 33408
US

000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

WHELOCK, JOSEPH M.
513 US HWY 1
SUITE 204
NORTH PALM BEACH FL 33401

Name Kevin F. Richardson
Street Address (P.O. Box Number is Not Acceptable)
1551 Forum Place, Suite 300F
City West Palm Beach FL Zip Code 33401

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 K F Kevin F. Richardson 4.9.01
Signature, typed or printed name of registered agent and title if applicable. (NOT) 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
After MAY 1, 2001
Fee IS \$150.00
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
NAME	DIOVISALVI, JOSEPH A	
STREET ADDRESS	1551 FORUM PLACE, SUITE 300-F	
CITY-ST-ZIP	WEST PALM BEACH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHELOCK, JOSEPH M	
STREET ADDRESS	513 US HIGHWAY 1 SUITE 204	
CITY-ST-ZIP	NORTH PALM BEACH FL	
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		

TITLE	D, P	<input type="checkbox"/> Change <input checked="" 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	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin F. Richardson	
STREET ADDRESS	1551 Forum Place, Suite 300F	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah F. Richardson	
STREET ADDRESS	1551 Forum Place, Suite 300F	
CITY-ST-ZIP	West Palm Beach, FL 33401	
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 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: K F Kevin F. Richardson 4.9.01 JB1 471-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)