2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

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FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Name BONITA GYM INC.								03-03-2003 90416 (007 ***150		
Principal Place of Business 9110 BONITA BEACH ROAD BONITA SPRINGS FL 34135			Mailing Address 9110 BONITA BEACH ROAD BONITA SPRINGS FL 34135					T THE REPORT OF STATE AND ADDRESS OF THE STATE OF THE STA			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State			······································	4: 1	FEI Number 65-0683253		Applied For Not Applicable	e
Zip		Country	Zip		Coun	try	5. (Certificate of Status Desired	\$8.75 Ac	ditional	
	6. Name	and Address of Current	Registered /	Agent			7. 1	Name and Address of New Registere	d Agent		⊣
	<u>-</u>					Name			3+		\dashv
PIERCE, JOHN						<u> </u>					
	NITA BEACH	I ROAD	, Street			Street Address	ress (P.O. Box Number is Not Acceptable)				
	SPRINGS FL										╛
DUNITA	opkingo fl	. 34134									1
						City			■ Zip Cod		-
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the obliga	e named entity ations of regist	y submits this statement fo ered agent.	r the purpose	of changing its	registere	ed office or regist	tered age	ent, or both, in the State of Florida. I ar	n familiar with.	, and accept	
SIGNATURE									•		- [
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicat	ile. (NOTE	: Registered	1 Agent signature require	red when rei	instating) DATE			1
			· · · · · ·			- gon algraid toqui	100 11111111111111111111111111111111111	DATE.			╛
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	State					 Election Campaign Financing Trust Fund Contribution. 	\$5.0 □ Adde	00 May Be d to Fees	
10.		OFFICERS AND			T 44			DIFFICULT COLUMN			_
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12. I hereby certify that the information supplied with this filling 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 his 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: