

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069662

1. Entity Name

FITNESS OPTIONS, INC.
1185 SPRING CENTER SOUTH
SUITE 1060
ALTAMONTE SPRINGS FL 32714
US

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90011 040 ***150.00

Principal Place of Business: 1185 SPRING CENTER SOUTH
SUITE 1060
ALTAMONTE SPRINGS FL 32714
US

Mailing Address: 1185 SPRING CENTER SOUTH
SUITE 1060
ALTAMONTE SPRINGS FL 32714-5011
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3400126		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CATERINY, LAURIE J 125 BUFORD AVE ORANGE CITY FL 32763		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATERINY, LAURIE J 1185 SPRING CENTER SOUTH ALTAMONTE SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY, SECUTERY EDWARD S. THOMPSON 1216 WOODBRIDGE COR. ALTAMONTE SPRINGS 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATERINY, MIKE J 1185 SPRING CENTER SOUTH ALTAMONTE SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Laurie J Cateriny SIGNATURE REQUIRED 4-15-2000 407-682-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)