

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 045 ***150.00

DOCUMENT # P96000078130

1. Entity Name
KEY FITNESS INC.

Principal Place of Business
**10064 W. OAKLAND PK BLVD
SUNRISE FL 33351
US**

Mailing Address
**109 HOWARD HOUSE
DOLPHIN SQUARE, LONDON
UK**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
City & State
4. FEI Number **65-0708733** Applied For -
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARIN POWELL MILLER & CO.
16100 NE 16TH AVE
C/O MS. DOROTHY ROMAINE
N. MIAMI BCH FL 33162**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JAMES 1450 NW 108 AVENUE # 253 PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, CAROLYN 1450 NW 108 AVENUE # 253 PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE OF JAMES LEWIS**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/02 07870-627071
Date Daytime Phone #

CR2E034 (4/02)

Attachment

60131702

**109 HOWARD HOUSE
DOLPHIN SQUARE
LONDON SW1V 3PE**

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee
Florida 32302-1500

16TH July 2002

Dear Sir,

RE: KEY FITNESS INC P96000078130

Please find enclosed duly completed Uniform Business Report (UBR).

I would also like to inform you that we did not receive the prior notice possibly due to an incorrect mailing address which should be 109 Howard House Dolphin Square London SW1V 3PE U.K. I am therefore enclosing a cheque in the amount of \$150.00 which is I believe is the original filing fee.

I trust this is acceptable and thank you for your assistance,

Yours faithfully



JAMES LEWIS
(President)