FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91362 044 ***150.00

DOCUMENT # P96000078978

1. Entity Name

GymCare National Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
204 37th Ave N.	Same as #2
Suite, Apt. #, etc. 332	Suite, Apt. #, etc.
City & State St Pete, FL	City & State
Zip 33704 Country USA.	Zip Country

4. FEI Number 59-3411506 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marc A. Marvin

Street Address (P.O. Box Number is Not Acceptable): 633 8th St N Apt #4

City: St. Pete FL Zip Code: FL 33701

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: Marc A Marvin MARC A MARVIN Pres. 3-10-03
(Type of printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner/Pres Marc A Marvin 633 8th ST N # 4 St. Pete FL 33701
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Marc A Marvin MARC A MARVIN Pres 3-10-03 727 821-2032 727 804 2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #