2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P96000091236 1. Entity Name PRIVATE WORKOUT, INC. 04-05-2001 90093 042 ***150.00 Principal Place of Business Mailing Address 88005 OVERSEAS HWY 88005 OVERSEAS HIGHWAY 80024759 ISLAMORADA FL 33036 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0703203 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (- e e OTTO-FITZDAM, MARTHA Box Number is Not Acceptable) Bessie Road Street Address (P.O. Box 138 PLANTATION AVE **TAVERNIER FL 33070** avernier 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 McGee-Secretary FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP Jack Pandolfe P.O. Box 219 Addition DP Delete TITLE ☐ Change TITI F POTITE JOSEPH 1 NAME NAME STREET ADDRESS STREET ADDRESS **278-PLANTATION AVE** 33070 Tavernier, FL CITY-ST-ZIP CITY-ST-7IP PAYENNED FL Delete Addition 1 ☐ Change TITLE TITLE Jack Niedbalski 160 E. Ridge Rd. Islamorada, FL 33070 BAIZ, LINDA NAME NAME STREET ADDRESS STREET ADDRESS -87981-OLD_HIGHWAY CITY-ST-7IP CITY-ST-ZIP ISLAMORADA FL ☐ Change Addition TITLE Linda McGee 152 Bessie Rd OTTO FITZDAM MARTHA NAME: 138 PLANTATION AVE STREET ADDRESS STREET ADDRESS Tavernier, FL 33070 CITY-ST-ZIP CITY-ST-ZIP TAVERNIER-FL ☐ Addition TITLE Change TITLE NAME alayik: Shabla NAME STREET ADDRESS STREET ADDRESS 67000 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP HOLAMORADA-FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.