FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 30, 2003 8:00 am Secretary of State P97000003124 DOCUMENT # 04-30-2003 90160 046 ***150.00 1. Entity Name BODY WORKS FITNESS CENTER, INC. Principal Place of Business Mailing Address RT 5 BOX 1820 - 121- RAINTREE-TRAIE-RO 1608 \$ HWY 19 PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address 31 SE CHINICA DRIVE 31 SE CHINICA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3420184 SUMMERFIELD SUMMERFIELD FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34491 US 34491 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent €Name ≅ WELCH, MICHAEL D WELCH, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 31 SE CHINICA DRIVE 121 RAINTREE TRAIL ROAD PALATKA FL 32177 City SUMMERFIFID 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1/2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Ch TITLE ☐ Delete TITLE ☐ Addition WELCH, MICHAEL D 31 SE CHINICA DRIVE WELCH, MICHAEL D NAME NAME 121 RAINTREE TRAIL ROAD STREET ADDRESS STREET ADORESS SUMMERFIELD FL 34491 PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WELCH, KAREN P 31 SE CHINICA DRIVE WELCH, KAREN P NAME NAME 121 RAINTREE TRAIL ROAD STREET ADDRESS STREET ADDRESS SUMMERFIELD F٤ 34491 CITY-ST-ZIP CITY-ST-7IP Palatka FL 32177 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.