

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90035 028 ***150.00

DOCUMENT # **P97000011340**

1. Entity Name

Philip Pollano Personal Training Inc.

DO NOT WRITE IN THIS SPACE

80058723

2. Principal Place of Business

2501 Arnold Palmer Ct

Suite, Apt. #, etc.

3. Mailing Address

2501 Arnold Palmer Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Shalimar FL 32579

City & State

Shalimar FL 32579

4. FEI Number

59-3430606

Applied For

Not Applicable

Zip

32579

Country

US

Zip

32579

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Pollano Philip

Street Address (P.O. Box Number is Not Acceptable)

2501 Arnold Palmer Ct

City

Shalimar

FL

Zip Code

32579

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTO
Pollano Philip
2501 Arnold Palmer Court
Shalimar FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 (850) 803-9839

Date

Daytime Phone #

CR2E034B (12/01)