

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90175 007 \*\*\*150.00

**DOCUMENT # P97000011340**

1. Entity Name

**PHILIP POLLARD PERSONAL TRAINING, INC.**



Principal Place of Business

**2801 ARNOLD PALMER CT  
SHALIMAR FL 32579  
US**

Mailing Address

**2801 ARNOLD PALMER CT  
SHALIMAR FL 32579  
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**217 Lafitte Crescent**  
Suite, Apt. #, etc.

3. Mailing Address

**217 Lafitte Crescent**  
Suite, Apt. #, etc.

City & State

**Fort Walton Beach FL**

City & State

**Fort Walton Beach FL**

Zip

**32547**

Country

**US**

Zip

**32547**

Country

**US**

4. FEI Number

**59-3430606**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POLLARD, PHILIP**

**2801 ARNOLD PALMER CT  
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name

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

**217 Lafitte Crescent**

City

**Fort Walton Beach FL**

Zip Code

**32547**

8. The above named entity with 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 qualifications of, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME

**PTD POLLARD, PHILIP**

**2801 ARNOLD PALMER COURT  
SHALIMAR FL 32579**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**217 Lafitte Crescent**

**Fort Walton Beach FL 32547**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

**3/14/03 (ESD) 862 990**