FILED

end 25.0

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000011972** MARCO'S AEROBIC AND FITNESS CLUB, INC. 04-30-2001 90400 007 \*\*\*150.00 Principal Place of Business Mailing Address 8713 FRONT BEACH ROAD 8713 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 **EUUD6754** 2. Principal Place of Busi 3. Mailing Address Suite, Apt DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3424817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISLER, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 434 MAGNOLIA AVE PANAMA CITY FL 32407 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRE OFFICERS AND DIRECTORS 11. resident Delete TITLE TITLE COOPER, MARCO T NAME NAME 3 Front Beach Road STREET ADDRESS STREET ADDRESS 3203 E BUSINESS HWY 98 CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32401 ICE PRESIDENT Delete TITLE TITLE MOON, PATTI NAME NAME STREET ADDRESS STREET ADDRESS 8713 FRONT BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32407 Change Addition TITLE\_ . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition 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-7IP Change TITLE TITLE □ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR