

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90061 015 ***150.00

DOCUMENT # P 970000 41861

1. Entity Name

TRU FIT GOLF, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1086 Bluewood Terrace

Suite, Apt. #, etc.

3. Mailing Address

1086 Bluewood Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, Florida

City & State

WESTON, Florida

4. FEI Number

65-0757828

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SALIM, William G., Jr., Esq.

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

800 Corporate Drive, #510

City

Fort Lauderdale

FL

Zip Code

33334

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

Joseph H. Walla

(NOTE: Registered Agent signature required when reinstating)

4/21/02

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
Walla, Joseph H., Jr.
1086 Bluewood Terrace
WESTON, Florida 33327

TITLE
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**DO NOT WRITE
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:

Joseph H. Walla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02

Date

Daytime Phone #

(954)
384-6631

CR2E034B (12/01)