

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 043 ***150.00

DOCUMENT # P97000009610
1. Entity Name
Athletes In Progress

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2494 NW 85th Avenue
Suite, Apt. #, etc.

3. Mailing Address
2494 NW 85th Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
65-0772857
☐ **Applied For**
☐ **Not Applicable**

Zip
33322
Country
USA

Zip
33322
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
Thomas Rayhill
Street Address (P.O. Box Number is Not Acceptable)

2494 NW 85th Ave
City
Sunrise **FL** **Zip Code**
33322

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	<u>D</u> <u>Rayhill, Thomas</u> <u>2494 NW 85th Ave</u> <u>Sunrise, FL 33322</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Thomas A. Rayhill 4-6-02 954-749-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)