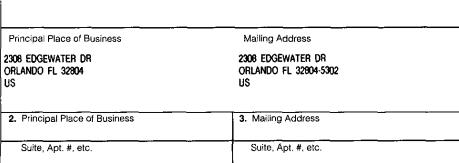
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071992 1. Entity Name ABSOLUTE FITNESS AND HEALTH, INC.

FILED Feb 16, 2000 8:00 am Secretary of State 02-16-2000 90007 038 ***150.00





2. This part less of Beenings		J. Mannag, Managa				, INDIA 1881 AID INSIA AND IN AND AND AND AND AND AND AND AND AND AN				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e	City & State	City & State			59-3464211		Applied For Not Applicable		
Zip	Zip Country Zip			Country		Certificate of Status Desired		8.75 Addit	itional	
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Reg	stered Aç	ent		
	Name Street Address (P.O. Box Number is Not Acceptable)									
CHARD, PATRICIA 2308 EDGEWATER DRIVE ORLANDO FL 32804										
				City		-	FL	Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing in	ts register	ed office or regis	tered age	ent, or both, in the State of Florid	a.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if poplingfula (AIC	OTE Pagistore	d Agent signature requ	irad whon ra	instation	DATE			
	Signature, typed or printed name of registered agent	and trie ii applicable. (NC	TE. Registere	LI Agent signature requ	ned when le	instating/			. 	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After MAY 1, 2 Make Check Paya						10. Election Campaign Finan Trust Fund Contribution.	cing 🗀	\$5.00 Added t	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALLETT, SUSAN P 990 CAMPELLO STREET ALTAMONTE SPRINGS FL 3270	☐ Delete		ſ			I	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALIAMONTE SPRINGS PL 3270	☐ Delete					(Change	Addition	
TITLE NAME* STREET AOORESS		☐ Delete	STRE	EET ADDRESS	-		1	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			••••		•	Change	☐ Addition	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee amo	is true and accurate and that	t mv siana	ture shall have th	ne same l	legal effect as if made under oat	h; that I an	n an officer o	r director	

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