FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91527 035 ***150.00

DOCUMENT # P97000073856

1. Entity Name

Coastal Fitness & Health, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9156 Wrigley Drive
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32226 Country:

3. Mailing
P.O. Box 49162
Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL
Zip: 32240 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3468775 ☐ Applied For ☐ Not Applicable

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: Adams, Michaelyn C.
Street Address (P.O. Box Number is Not Acceptable): 715 13th Avenue, N.
City: Jacksonville Beach, FL Zip Code: 32250

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	P
NAME	DETLEFSEN, LORI
STREET ADDRESS	9156 Wrigley Drive
CITY-ST-ZIP	Jacksonville, FL 32226
TITLE	VP
NAME	DETLEFSEN, RICHARD
STREET ADDRESS	9156 Wrigley Drive
CITY-ST-ZIP	Jacksonville, FL 32226
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CR2E034B (12/01)

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: Lori Detlefsen LORI DETLEFSEN - PRESIDENT 4/20/02 (904)568-6348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #