2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P98000026913 P & BL GYMS, INC. 01-31-2001 90264 039 ***150.00 Principal Place of Business Mailing Address 5920 REDRUG LAKE RD GOLD'S GYM WINTER SPRINGS FL 32708 5920 REDRUG LAKE RD WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2091343 Not Applicable Zip Country \$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 Grenda J. Lewis CORLESS, SCOTT J Street Address (P.O. Box Number is Not Acceptable) 5920 RED BUG RD. WINTER SPRINGS FL 32708 Lake Howell Ln 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. TE: 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 11. OFFICERS AND DIRECTORS S TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE LEWIS, PLEASANT NAME NAME 2732 LAKE HOWELL LANE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE LEWIS, BRENDA NAME NAME 2732 LAKE HOWELL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.