## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # P98000028140** FITNESS BY DESIGN OF NAPLES, INC. 04-16-2001 90043 045 \*\*\*150.00 Mailing Address Principal Place of Business 1160 CLAM CT. HOO CLAMECT. NAPLES FL 94102-NAPLES FL 04102 Mailing Address 1555 Cur lew AVE Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 59-3501217 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name LEAVITT, PAULA M Street Address (P.O. Box Number is Not Acceptable) 1160 CLAM CT. NAPLES FL 34102 Zip Code mits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nam SIGNATURE (NOTE: Registered Agent signature required when reinstating) gent and title if applicable 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition □ Delete TITLE TITLE LEAVITT, BRADLEY NAME 1160 CLAM CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34102 CITY-ST-ZIP ☐ Addition Delete TITLE LEAVITT, PAULA M NAME NAME 1160 CLAM CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 - Delete TITLE Change — ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 supplied entral 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 frustee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula M. Leavitt 4-11-0

941-932-0110

Daytime Phone #