

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90204 008 \*\*\*158.75

DOCUMENT # P98000028140

1. Entity Name  
FITNESS BY DESIGN OF NAPLES, INC.



Principal Place of Business  
1555 CURLEW AVE  
#4  
NAPLES FL 34102  
US

Mailing Address  
1555 CURLEW AVE  
#4  
NAPLES FL 34102  
US

2. Principal Place of Business  
451 Bayfront Place  
Suite, Apt. #, etc.  
5201

3. Mailing Address  
PO Box 9973  
Suite, Apt. #, etc.

City & State  
Naples FL

City & State  
Naples FL

Zip Country  
34102 USA

Zip Country  
34101 USA

4. FEI Number 59-3501217

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

LEAVITT, PAULA M  
1555 CURLEW AVE 451 Bayfront Place  
#4 #5201  
NAPLES FL 34102 Naples FL 34102

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paula M. Leavitt*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-15-03  
DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS                        | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|------------------|---------------------------------------|-----------------|---------------------------------|
| DP    | LEAVITT, PAULA M | 1555 CURLEW AVE #4 451 Bayfront Place | NAPLES FL 34102 | <input type="checkbox"/> #5201  |
| TITLE | NAME             | STREET ADDRESS                        | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS                        | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS                        | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS                        | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS                        | CITY-ST-ZIP     | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|---|-------------|---------------------------------|-----------------------------------|
| TITLE | NAME | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula M. Leavitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-03 239-370-7928  
Date Daytime Phone #

CR2E034 (10/02)