2000	UNIFORM	1 BUSIN	IESS REP	ORT (UBR)		
DOCUMENT # P98000030774 1. Entity Name					Mar 22, 2000 8:00 am Secretary of State	
STANLE	Y FITNESS AND N	iutrition, in			03-22-2000 90085 045 ***150.00	
Principal Place of Business			Mailing Address			
122 STONE STONEHILL DRIVE MAITLAND FL 32751			122 STONE STONEHILL DRIVE MAITLAND FL 32751			
MAILLAND FL 3	2731	n			60043030	
2. Principal Place of Puningen			. Mailing Address			
2. Principal Place of Business						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State			City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3505330 Applied For Not Applicable	
Zip	Country		Zip	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required	
	6. Name and Addre	ss of Current Reg	istered Agent		7. Name and Address of New Registered Agent	
				Name		
BUSINESS FILINGS INCORPORATED 1186 OCEAN SHORE BLVD.				Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUIT	E 195					
ORMOND BEACH FL 32176				City	FL Zip Code	
	Signature, typed or printed name			VOTE: Registered Agent signature req	quired when reinstating) DATE	
Tax filing requirement and elects to do so After MAY 1, 2000				WIII FEE IS \$150.00 2000 Fee will be \$550.0 yable to Department of		
11.	<u> </u>	FFICERS AND DIR		12. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STANLEY, GEORGE	HILL DRIVE		NAME	22 STONEHILL DRIVE	
TITLE	MAITLAND FL 3275	1	Delete	TITLE	Change Addition	
NAME				NAME STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	-			CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TILE			Delete	TITLE	Change Addition	
NAME STREET ADDRESS			1	NAME STREET ADORESS	4	
CITY-ST-ZIP			1	CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition	
TITLE			Delete	TITLE	Change Addition	
NAME Street address City-st-zip				NAME STREET ADDRESS CITY-ST-ZIP		
اسما مصالحات	on this company or cumpled		a and approve and the	ot my aignature shall have t	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNAT			TED NAME OF SIGNING OFFIC	CER OR DIRECTOR	. STANLEY 3/18/00 407-740-0701 Date Date Date	