

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037670

1. Entity Name  
GET FIT, INC.

Principal Place of Business  
3850 GALT OCEAN DRIVE #2001  
FORT LAUDERDALE FL 33308

Mailing Address  
3850 GALT OCEAN DRIVE #2001  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0841219

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, RUSSELL K  
1280 S POWERLINE RD  
STE 726  
POMPANO BEACH FL 33069

wrong  
address

Name Russell K. King

Street Address (P.O. Box Number is Not Acceptable)

3850 Galt Ocean Dr. Suite 2001  
Ft. Lauderdale, FL

City FL Zip Code 33308

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/10/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME FAVALI, CHRISTINE M  
STREET ADDRESS 1253 UNIVERSITY DR., SUITE 287  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D  
NAME KING, RUSSELL K  
STREET ADDRESS 1253 UNIVERSITY DR., SUITE 287  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/10/01

Daytime Phone #

X 954-757-6651

CR2E034 (10/00)

0246304

FILED  
Feb 15, 2001 8:00 am  
Secretary of State  
02-15-2001 90059 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE