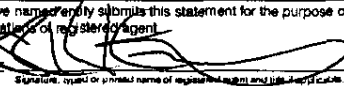


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90382 049 ***150.00

**2003 FOR PROFIT CORPORATION
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 733 Seagate Dr.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State	
Zip 33483		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 KING, RUSSELL K 3850 GALT OCEAN DR. STE 2001 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Not Applicable) 733 Seagate Dr. City & State Delray Beach FL Zip Code 33483	
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 		Date 4/14/03	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D KING, CHRISTINE M 733 SEAGATE DR DELRAY BEACH, FL 33483		☐ Change ☐ Addition	
D KING, RUSSELL K 733 SEAGATE DR DELRAY BEACH, FL 33843		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 incorporator 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: 		Date 4/14/03	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Christine M. King		Daytime Phone # 561-274-8445	

CR2E034 (10/02)