

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041665

1. Entity Name

INXS HEALTH & FITNESS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90198 039 ***150.00

Principal Place of Business

Mailing Address

4740 CR 390A
LAKE PANASOFFKEE FL 33538

4740 CR 390A
LAKE PANASOFFKEE FL 33538

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

65-0832451

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

LANGDON ACCOUNTING & TAX SERVICE, INC.
2198 PRINCETON STREET, SUITE 12
SARASOTA FL 34237

Name

BARBARA R. NESSELROTTE

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

4740 CR 390A

LAKE PANASOFFKEE, FL 33538

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.

SIGNATURE

Barbara R. Nesselrotte

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

DATE

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS JARVIS, JOANN
CITY-ST-ZIP 103 SLEEPY HOLLOW RD
LYNCHBURG VA 24502

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS NESSELROTTE, KENT C
CITY-ST-ZIP 103 SLEEPY HOLLOW RD
LYNCHBURG VA 24502

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS NESSELROTTE, GWEN J
CITY-ST-ZIP 103 SLEEPY HOLLOW RD
LYNCHBURG VA 24502

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

804845-7105

Daytime Phone #

CR2E034 (9/99)