

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041665

1. Entity Name
INXS HEALTH & FITNESS, INC.

Principal Place of Business Mailing Address
4740 CR 390A 4740 CR 390A
LAKE PANASOFFKEE FL 33538 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

NESSERLOTTE, BARBARA
4740 CR 309A
LAKE PANASOFFKEE FL 33538

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100004613981-1
-09/27/01--01073--008
****750.00 ****750.00

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

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

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

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

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

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 the empowered.

SIGNATURE: *Gwen J Nesselrotte* 9-11-01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 25 AM 9:36



DO NOT WRITE IN THIS SPACE

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