

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90009 043 ***150.00

DOCUMENT # P98000044464

1. Entity Name
FIRST LADIES FITNESS, INC.

Principal Place of Business
4003 WEST HIGHWAY 98 UNIT C
PANAMA CITY FL 32401

Mailing Address
4003 WEST HIGHWAY 98 UNIT C
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address
907 E. Cherry Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Panama City FL

4. FEI Number
59-3510092

Applied For
 Not Applicable

Zip

Country

Zip
32401

Country
Bay

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

POLSELLI, REGINA M
4003 WEST HIGHWAY 98 UNIT C
PANAMA CITY FL 32401

Name **Polselli - Regina M**
 Street Address (P.O. Box Number is Not Acceptable)
907 E. Cherry Street
 City **Panama** FL Zip Code **32401**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 **POLSELLI, REGINA M**
 CITY-ST-ZIP **2014 W 23RD CT**
PANAMA CITY FL 32405

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROOKS, TERESA**
 CITY-ST-ZIP **329 BEULAH AVENUE**
PANAMA CITY FL 32404

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Regina M. Polselli** 1/14/01 1-850 784-6944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)