2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P98000049252 A B FITNESS RENTALS AND REPAIRS, INC. 03-22-2000 90085 046 ***150.00 Principal Place of Business Mailing Address 2475 FIELDINGWOOD RD 2475 FIELDINGWOOD RD MAITLAND FL 32751 MAITLAND FL 32751-3632 C0043955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3514060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERG, ALBERT J Street Address (P.O. Box Number is Not Acceptable 2475 FIELDINGWOOD RD Thombemy MAITLAND FL 32751 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be -After MAY 1-2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees -= (See criteria on back) --Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE TITLE Delete NAME NAME BERG, ALBERT J STREET ADDRESS STREET ADDRESS 2475 FIELDINGWOOD RD CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Change Addition Delete TITLE TITLE NAME NAME BERG, STEVEN E STREET ADDRESS STREET ADDRESS 157 THORNBERRY DRIVE CITY-ST-ZIP CITY-ST-ZIP CASSELBERY FL 32707 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 SIGNATURE: