

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000049635**

1. Entity Name

SPORTFIT ENTERPRISES II, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90077 019 ***150.00

Principal Place of Business

6832 FOREST HILL BLVD.
WEST PALM BEACH FL 33413

Mailing Address

6832 FOREST HILL BLVD.
WEST PALM BEACH FL 33413-3308

2. Principal Place of Business

2863 NORTHLAKE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number **65-0840070**Applied For
Not ApplicableZip
33403Country
U.S.

Zip

Country

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

HARROW, CLAY S
6832 FOREST HILL BLVD.
WEST PALM BEACH FL 33413

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

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

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HARROW, CLAY S
6832 FOREST HILL BLVD.
WEST PALM BEACH FL 33413 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ANDERS, CHRISTOPHER
6832 FOREST HILL BLVD.
WEST PALM BEACH FL 33413 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLAY S. HARROW **1/21/00 (561) 966-4653**