

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90090 005 ***150.00

DOCUMENT # P98000057658

1. Entity Name
PERSONAL BEST TRAINING, INC.

Principal Place of Business

115 TAMAMI TRAIL
#4260
PUNTA GORDA FL 33950

Mailing Address

115 TAMAMI TRAIL
#4260
PUNTA GORDA FL 33950

2. Principal Place of Business

115 Tamiami Trail
Suite, Apt. #, etc.
#4260

3. Mailing Address

115 Tamiami Trail
Suite, Apt. #, etc.
#4260

City & State
Punta Gorda, F

Zip
33950

Country
U.S.A

City & State
Punta Gorda

Zip
33954

Country
U.S.A

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD, SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
Glenn N. Siegel
Street Address (P.O. Box Number is Not Acceptable)
18501 Murdock Circle, #7 304
City
Port Charlotte **FL** **Zip Code**
33948

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]* **DATE** **2-7-02**
(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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS. TRIANA, CHRISTOPHER C 3311 ITHACA ST PT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. KARDY, JEFF 409 W. ANN ST. PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, P.T Gwendolyn H. Lizana 21016 Nowell Ave. Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Dennis W. Lizana 21016 Nowell Ave. Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

541 505-1166

CR2E034 (9/01)