

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90365 028 ***150.00

DOCUMENT # P98000062576

1. Entity Name

BILL BARKER'S PERSONAL TRAINING, INC.

Principal Place of Business

Mailing Address

**2701 S. MAGUIRE BLVD
 COFFEE FL 34761**

**11500 WILLOW GARDENS DR
 WINDERMERE FL 34786-8015
 US**

SAME



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 S. MAGUIRE ROAD
 Suite, Apt. #, etc.

3. Mailing Address

2701 S. MAGUIRE RD
 Suite, Apt. #, etc.

City & State

COFFEE, FL

City & State

COFFEE, FL

4. FEI Number

59-3522500

Applied For

Not Applicable

Zip

34761

Country

ORANGE

Zip

34761

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZETTERLUND, DEBORAH L
 11500 WILLOW GARDENS DRIVE
 WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name **ZETTERLUND, WILLIAM E.**

Street Address (P.O. Box Number is Not Acceptable)

11500 WILLOW GARDENS DRIVE

City **WINDERMERE**

FL

Zip Code **34786**

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

William E Zetterlund

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-00

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **ST** ☒ Delete
 NAME **ZETTERLAND, DEBORAH L**
 STREET ADDRESS **11500 WILLOW GARDENS DR**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **P** ☐ Delete
 NAME **BARKER, WILLIAM J**
 STREET ADDRESS **7103 HARBOR HEIGHTS DR**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Change ☒ Addition
 NAME **ZETTERLUND, WILLIAM E.**
 STREET ADDRESS **11500 WILLOW GARDENS DRIVE**
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4251 WILLOW BAY DRIVE**
 CITY-ST-ZIP **WINTER GARDEN, FL 34787**

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

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

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

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:

William E Zetterlund

WILLIAM E. ZETTERLUND

Date

4-30-00

Daytime Phone #

407-445-6844

CT 10:34 (9/99)