2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCLÍMENT



FILED Jan 15, 2003 8:00 am Secretary of State

1. Entity N	INIUM GYM & SOLAR BEDS	OOU/301/ S OF LARGO, INC.		01-15-2003 90277 035 ***150.00
Principal Place of Business 12650 STARKEY ROAD SUITE 12722 LARGO FL 33773		Mailing Address 12650 STARKEY ROAD SUITE 12722 LARGO FL 33773		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FE! Number 59-3534163 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	Registered Agent	 	Fee Required
12650 S SUITE 12	, John Sr. Tarkey road 2722		Name Street Addres	7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the			City	FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agent		S registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLKER, JOHN SR. 12650 STARKEY ROAD, STE. 127 LARGO FL 33773	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

JUHN FULKER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #