

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000076916**

1. Entity Name

PRECISION FITNESS & WELLNESS, INC.**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90108 026 ***150.00

Principal Place of Business

Mailing Address

2638 ORACLE LN
NORTH PORT FL 34286PO BOX 3319
SARASOTA FL 34230-3319

UUU01348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2638 ORACLE LN

PO BOX 3319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT FL

City & State

SARASOTA FL

4. FEI Number

65-0866288

Applied For

Not Applicable

Zip

Country

34286

Zip

Country

34230-3319

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

MULLALLY, TIMOTHY S
2355 46TH AVENUE, WEST, #12
BRADENTON FL 34207

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

4-25-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MULLALLY, TIMOTHY S
2355 46TH AVENUE, WEST, #12
BRADENTON FL 34207 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MULLALLY, TIMOTHY S.
2638 ORACLE LN
NORTH PORT, FL 34286 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

941-915-7181