2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000093305

PO BOX 2026

FT. MYERS FL 33902

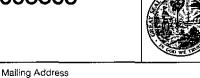
1. Entity Name

GET STRONG, INC.

Principal Place of Business

UNIT 18

12901 MCGREGOR BOULEVARD



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91201 048 ***150.00

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FT. MYERS FL	. 33919	US						
2. Principal Place of Business		3. Mailing Address PO BOX 61608		{	(11 0 10100 1 110 0 11111 30 101 3111 1 70 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State Ft. Myers	FI		4. FEI Number 65-0899959	Applied For Not Applicable		
Zip	Country	33906	Country	SA	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent			
SINIBALDI, DEAN A SR			Name					
12901 MCGREGOR BOULEVARD			Street Address (P.O. Box Number is Not Acceptable)					
STE 1B								
	S FL 33919		City	City FL Zip Code				
9. The above	and antitude books this statement for	the number of the sales its	iot	· · · · · · · · · · · · · · · · · · ·				
	named entity submits this statement for lons <u>of registered agent.</u>	the purpose of changing its r	egisterea office of	r registere	ed agent, or both, in the State of Florida. 1	am familiar with, and accept		
SIGNATURE .	DAS	Registere	1 Age	4	Pres 1/1	0/03		
-	signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating) DAT	IE .		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE			☐ Change ☐ Addition		
NAME	SINIBÁLDI, DEAN A SR	L Delete	NAME					
STREET ADDRESS	12901 MCGREGOR BOULEVARD,	Suite 1B	STREET ADDRESS	ĺ				
CITY-ST-ZIP	FT. MYERS FL 33919		CITY-ST-ZIP					
TITLE	VPT	☐ Delete	TITLE	VPT	t Director (=) ibaldi , Julia F mie address	Change Addition		
NAME	SINIBALDI, JULIA F		NAME	C 3 m :	haldi Julia F	/		
STREET ADDRESS	12901-MCGREGOR-BLVD-#1B	المجاويين سيسوب المناويرة	. STREET ADDRESS ~	27.0	Dog says and and a second	-		
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP	54	mE address			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			City-St-Zip					
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition ☐		
NAME ·			NAME					
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
TITLE		☐ Delete	TITLE	j	•	☐ Change ☐ Addition		
NAMÉ			NAME			And Substitute of the		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			Change Addition		
NAME			NAME	J		f		
STREET ADORESS	194		STREET ADDRESS			1,1		
CITY-ST-ZIP			CITY-ST-ZIP	L				
iz. Inereny c	eruiv inat the intormation supplied with t	rme uring goes not guality for t	uue exemption stat	en in Sea	ction 119 07(3)(i) Florida Statutes I further.	COLUMN LOST THE INTOVINION		

indicated on this report or supplied with this himly does not quality for the exemption stated in Section 139.07(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 10 or Block 11 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

Daytime Phone #