FILED

2002 Uniform Business Report (UBR)

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

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P98000105445 1. Entity Name 04-11-2002 90684 003 ***150 00 FOREVER FIT TRAINING & WELLNESS CENTER INC. Principal Place of Business Mailing Address P.O. BOX 190055 **427 CENTERPOINTE CR** STE 1893 g, ALTAMONE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address 427 CENTERPOINTE CR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3545844 TAMONTE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 70 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANT, WENDY L. Street Address (P.O. Box Number is Not Acceptable) 781 CREEKWATER TERRACE # 701 LAKE MARY FL 32746 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME CHANT, WENDY L STREET ADDRESS STREET ADDRESS 781 CREEKWATER TERRACE # 701 CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 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-ZIF 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