| 2002 UNIFORM BUSINESS REPO | | | | FILED Apr 07, 2002 8:00 an Secretary of State | | |
|--|--|---|--|---|---|-----------------------|
| DOCUMENT | # P9800 | 0107266 | | | tary 01 St 102 90101 034 ***150 | |
| I. Entity Name PERSONAL FITNI | ESS STUDIO, INC. | | | 05-00-20 | 02 20101 054 154 | 0.00 |
| | | | ن | | | |
| Principal Place of Busine | \$S | Mailing Address | · | - | ~ 1 ~ ~ 1 | |
| 1895-F WEST WATERS AV | Æ | 4895-F WEST WATERS | AVE | | _ | |
| TAMPA FL 33634 | | TAMPA FL 33634 | | n næmninden hið suren salft dæsta a | Nulle Botali #10)t Botti Juoro #2018 Ofti | 10 BALL (C. 1.) |
| Principal Place of Busi | 0000 | 3. Mailing Address | | | | |
| | | | ······································ | | | |
| Suite-Apt. #. etc | | Suite, Apt. #, etc. | : • • • • • • • • • • | DO NOT WF | RITE IN THIS SPACE | |
| City & State | | City & State | | 4. FEI Number 59-354745 | | led For Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Addition Fee Required | onal |
| 6. Nam | e and Address of Current R | egistered Agent | | 7. Name and Address of Naw | | |
| BILLINGE, THOMAS A | | | Name Strept Address | | | |
| 4895-F WEST WATE | | | Street Address | (P.O. Box Number is Not Acceptable) | | |
| TAMPA FL 33634 | | | City | | ZI Zip Code | |
| | | | | ered agent, or both, in the State of F | | |
| | 102-10 | · | . ` | | | |
| | s or printed name of registered agent and | nd title if applicable. (NO | TE: Registered Agent signatura require | d when reinstating) | 2-21-2 DATE | <u>~</u> |
| Signature, types | jiblė to satisfy its intangible | d title if applicable. (NO FILE NOW After May 1, 2 | | 10. Election Campaign F | inancing \$5.00 | May Be |
| Signature type This corporation is elic Tax filing requirement (See criteria on back) 1. | ible to satisfy its Intangible | After May 1, 2 Make Check Pays | TE: Registered Agent signature require /!!! FEE IS \$150.00 002 Face will be \$550:00- ble to Department of \$12 12. | 10. Election Campaign F | DATE | May Be |
| Signature type This Corporation is elic Tax filing requirement (See criteria on back) 1. TLE D BiLLINGE REET ADDRESS 4895-F W | OFFICERS AND D | d Itle If applicable. (PC FILE NOW After May 1, 2 Make Check Payz | TE: Registered Agent signature require /!!! FEE IS \$150.00 002 Fee will be \$550:00- ble to Department of Sta | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signure order Tax filing requirement (See criteria on back) I. TLE BilLINGE BilLINGE 4895-F W TAMPA F TLE | OFFICERS AND D | After May 1, 2 Make Check Pays | TE: Registered Agent signature require 7111 FEE IS \$150.00 7002 Faile will be \$550:00- ble to Department of Sta 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 10. Election Campaign F Trust Fund Contribut | DATE | May Be |
| Signiture type Tax filing requirement (See criteria on back) I. I. I. I. I. I. I. I. I. I. | OFFICERS AND D | After May 1, 2 Make Check Pays | TE: Registered Agent eigneture require 7111 FEE IS \$150.00 7002 Fee will be \$550:00- ble to Department of Sta 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature vyde This corporation is elic Tax filing requirement (See criteria on back) 1. TLE BiLLINGE 8895-F W TAMPA F TAMPA F ILE MIE REET ADDRESS TY-ST-ZIP | OFFICERS AND D | After May 1, 2 Make Check Pays IRECTORS | TE: Registered Agent eigneture require 7111 FEE IS \$150.00 7002 Fee Will be \$550:00 ble to Department of Sta 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature order This corporation is elic Tax filing requirement (See criteria on back) I. TRLE MME REET ADDRESS IV-ST-ZIP TAMPA F TAMPA F TAMPA F TAMPA F TAMPA F TAMPA F TAMPA F TAMPA F | OFFICERS AND D | After May 1, 2 Make Check Pays | TE: Registered Agent eigneture require 7111 FEE IS \$150.00 7002 Fee will be \$550:00- ble to Department of Sta 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS C4TY-ST-ZIP TITLE NAME STREET ADDRESS C4TY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature vyde This corporation is elic Tax filing requirement (See criteria on back) 1. TLE D Billinge Hampa F TAMPA F | OFFICERS AND D | Itile if applicable. (PC FillE NOW After May 1, 2 Make Check Pays IRECTORS Delete Delete Delete | TE: Registered Agent eigneture require 7111 FEEL IS \$150.00 7002 Fee will be \$550:00- ble to Department of Sta 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE TITLE | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature order This corporation is elic Tax filing requirement (See criteria on back) 1. TLE WAE REET ADDRESS IV-ST-ZIP ILE ILE ILE ILE ILE ILE ILE ILE | OFFICERS AND D | After May 1, 2 Make Check Pays IRECTORS | TE: Registered Agent eigneture require 7111 FEE IS \$150.00 7002 Fee will be \$550:00- ble to Department of Sta 12. 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature tyde This corporation is elig Tax filing requirement (See criteria on back) 1. TLE D BiLLINGE 4895-F W TAMPA F TAMPA F TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP | OFFICERS AND D | Itile if applicable. (PC FillE NOW After May 1, 2 Make Check Pays IRECTORS Delete Delete Delete | TE: Registered Agent eigneture require 7111 FEE IS \$150.00 7002 Fee will be \$550:00- ble to Department of Sta 12. 1711LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| This corporation is elig Tax filing requirement (See criteria gn back) I. I. I. BilLINGE BilLINGE BilLINGE BilLINGE BilLINGE | OFFICERS AND D | Itile if applicable. (PC FillE NOW After May 1, 2 Make Check Pays IRECTORS Delete Delete Delete | TE: Registered Agent eigneture require 7111 FEE IS \$150.00 7002 Fee will be \$550:00- ble to Department of Sta 12. 1711LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature tyde Thils corporation is elic Tax filing requirement (See criteria on back) 1. TILE WAE REET ADDRESS TY-ST-ZIP ILE MAE REET ADDRESS TY-ST-ZIP ILE MEE ABORESS TY-ST-ZIP ILE ABORES TY-ST-ZIP ILE ABORESS TY-ST-ZIP ILE ABORES TY-ST-ZIP ILE ABORE TY TY-ST-ZIP ILE ABORE TY TY-ST-ZIP ILE ABORE TY T | OFFICERS AND D | Itile if applicable (PC FILE NOW After May 1, 2 Make Check Pays IRECTORS Delete Delete Delete | TE: Registered Agent eigneture require 7111 FEEL IS \$150.00 7002 Fibe Will be \$550:00 112. 112. 111.E NAME STREET ADDRESS CITY-ST-ZIP 111.E NAME STREET ADDRESS CITY-ST-ZIP 111.E NAME STREET ADDRESS CITY-ST-ZIP 111.E NAME STREET ADDRESS CITY-ST-ZIP 111.E NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature order This corporation is elic Tax filing requirement (See criteria on back) 1. TLE Me REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS IV-ST-ZIP | OFFICERS AND D | | TE: Reglistered Agent signature require //III FEEL IS \$150.00 002 Face will be \$550:00- ble to Department of Sta 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature order Thils corporation is elic Tax filling requirement (See criteria on back) 1. TLE Wite REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ME REET ADDRESS IV-ST-ZIP ILE ILE ILE ILE ILE ILE ILE ILE | OFFICERS AND D | Itile if applicable (PC FILE NOW After May 1, 2 Make Check Pays IRECTORS Delete Delete Delete | TE: Peoplishamed Agent algorithms require 7/111 FEEL IS \$150.00 7/202 Face will be \$550:00- ble to Department of Sta 12. 17. 17. 17. 17. 17. 17. 17. 17 | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature tyde This corporation is elig Tax filing requirement (See criteria on back) T. TLE D BiLLINGE 4895-F W TAMPA F TLE WME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE | OFFICERS AND D | | TE: Registered Agent signature require TE: Registered Agent signature require TIII FEE IS \$150.00 002 Fee will be \$550:00- to be to Department of \$12 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature tyde Signature tyde Tax filling requirement (See criteria on back) 1. TILE D BILLINGE 4895-F W TAMPA F TLE MME TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE | e information supplied with th | | TE: Registered Agent signature require TE: Registered Agent signature require TIII FEE IS \$150.00 002 Fee will be \$550:00- to be to Department of State 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contribut | DATE | May Be Fees, |
| Signature tyde Signature tyde Tax filling requirement (See criteria on back) 1. TILE D BILLINGE 4895-F W TAMPA F TLE MME TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE | Pible to satisfy its Intangible and elects to do so. OFFICERS AND D OFFICERS AND D THOMAS A EST WATERS AVE 33634 e information supplied with th tor supplemental report is th tor supplemental report is the receiver of trustee empower | | TE: Registered Agent signature require TE: Registered Agent signature require TIII FEE IS \$150.00 002 Fee will be \$550:00- to be to Department of State 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. Election Campaign F Trust Fund Contributi ADDITIONS/CHANGES TO OF | DATE | May Be Fees, |