

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002071

1. Entity Name

PRO-FIT II TRAINING ACADEMY, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90168 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

686 THIRD PLACE  
VERO BEACH FL 32962

Mailing Address

686 THIRD PLACE  
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0893770

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIERS, BOBBY J  
686 THIRD PLACE  
VERO BEACH FL 32962

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

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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	P	<input type="checkbox"/> Delete
NAME	HIERS, BOBBY J	
STREET ADDRESS	686 THIRD PLACE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEPHENSON, WILLIAM J	
STREET ADDRESS	686 THIRD PLACE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HIERS, MARY F	
STREET ADDRESS	686 THIRD PLACE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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

Date

Daytime Phone #

CR2E034 (10/00)