

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90342 039 ***558.75

DOCUMENT # P99000003721

1. Entity Name
POWER GYM PLUS, INCORPORATED

Principal Place of Business
**934 PINETREE DR.
 INDIAN HARBOR BEACH FL 32937**

Mailing Address
**934 PINETREE DR.
 INDIAN HARBOR BEACH FL 32937**

2. Principal Place of Business
241 6th Ave
 Suite, Apt. #, etc.

3. Mailing Address
241 6th Ave
 Suite, Apt. #, etc.

City & State
Indianapolis FL

City & State
Indianapolis FL

4. FEI Number
59-3468385

Applied For
☐ Not Applicable

Zip
32903 Country
Brevard

Zip
32903 Country
Brevard

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

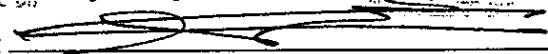
6. Name and Address of Current Registered Agent

**HANCOCK, ELIZABETH, Dr.
 934 PINETREE DR.
 INDIAN HARBOR BEACH FL 32937**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
241 6th Ave
 City **Indianapolis** **FL** Zip Code **32903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

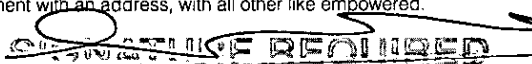
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	HANCOCK, ELIZABETH M D.O.	934 PINETREE DR	INDIAN HARBOUR BCH FL 32937	<input type="checkbox"/>
VTD	HANCOCK, STEVEN M	934 PINETREE DR	INDIAN HARBOUR BCH FL 32937	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		241 6th Ave	Indianapolis FL 32903	<input checked="" type="checkbox"/>
		241 6th Ave	Indianapolis FL 32903	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 (4/02)