2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000004506 May 31, 2000 8:00 am 1. Entity Name Secretary of State ALPHA FITNESS EQUIPMENT, INC. 05-31-2000 90023 048 \*\*\*150.00 Principal Place of Business Mailing Address 7116 GULF BLVD. STE E ST PETE BEACH FL 33706-1944 A0064814 2. Principal Place of Business Mailing Address 6564 44th Street N. 7116 Gulf Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Building 8, Unit 804 Suite E City & State City & State 4. FEI Number Applied For Pinellas Park, FLSt. Pete Beach 59-3551628 Not Applicable Zin Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33781 33706 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Terrance P. McNamara, Esq Street Address (P.O. Box Number is Not Acceptable) 7116 Gulf Blvd. Suite E  $\widehat{\operatorname{City}}_{\underline{\mathsf{S}}\underline{\mathsf{t}}}$ Pete Beach The above named entity submits this stayingent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW III FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY11, 2000 Fee will be \$550,000 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of States OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P,S,T,D D,P,T Dunton, Michael L. ₩ Change ☐ Addition ☐ Delete TITLE Dunton, Michael L. 852-29 Saxon Blvd. NAME .... : ADDDEC 6564 44th St.N, Bldg 8, Unit 804 STREET ADORESS Orange City, FL 32763 ST-2IP Pinellas Park, FL 33781 CITY-ST-ZIP Delete TITLE Grég<sup>S</sup>Gross ☐ Change Addition 6564 44th St.N,Bldg 8, Unit 804 STREET ADDRESS Pinellas Park, FL 33781 ST-712 CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME . innnrçe STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME AMMILES STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS ST ZIP City-ST-ZiP ■ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. 727 -526*-*8720 SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR