## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State DOCUMENT # P99000004506 1. Entity Name 05-29-2002 90682 007 \*\*\*150.00 ALPHA FITNESS EQUIPMENT, INC. Principal Place of Business Mailing Address 6564 44TH STREET NORTH, BUILDING 8, #804 7116 GULF BLVD. SUITE E PINELLAS PARK FL 33781 SAINT PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3551628 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCNAMARA, TERRANCE P ESQ Street Address (P.O. Box Number is Not Acceptable) 7116 GULF BLVD, SUITE E SAINT PETERSBURG FL 33706 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME DUNTON, MICHAEL L NAME STREET ADDRESS 6564 44TH STREET N. BLDG 8. UNIT #804 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Delete TITLE DVS TITLE ☐ Change ☐ Addition NAME GROSS, GREG NAME STREET ADDRESS 6564 44TH STREET N, BLDG, 8, UNITE #804 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY- ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Attachment Document# P9900004506 436795

May 21, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is in reference to Document #P9900004506 for Alpha Fitness Equipment, Inc. and Document #P99000052960 for Fitness Nation of Tampa, Inc. I received notification of payment on April 25, 2002; however, I was hospitalized in St. Petersburg, FL shortly after that time for a diagnosis of kidney stones.

Upon discharge from the hospital, I was highly medicated for pain several weeks thereafter. For this reason, payment on this bill was an unfortunate oversight.

I am enclosing two checks in the amount of \$150.00 each. I would appreciate your consideration in this medical emergency that was out of my hands.

Again, thank you for your understanding in this matter.

Sincerely,

Gregory L. Gross