

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90377 025 \*\*\*150.00

**DOCUMENT # P99000008902**

1. Entity Name

**MIND & BODY FITNESS, INC.**

Principal Place of Business

1232 12TH CT.  
JUPITER FL 33477

Mailing Address

1232 12TH CT.  
JUPITER FL 33477

2. Principal Place of Business

**4 PIPERS MEADOW TRAIL**  
Suite, Apt. #, etc.

3. Mailing Address

**3349 Monroe Avenue**  
Suite, Apt. #, etc.

City & State

**Penfield, NY**

Zip

**14526**

Country

**USA**

City & State

**Rochester, NY**

Zip

**14618**

Country

**USA**

4. FEI Number

**65-0902886**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, LAURA B**  
1232 12TH CT.  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name **Mitchell L. STUMP**

Street Address (P.O. Box Number is Not Acceptable)

**26 Princewood Lane**

City

**Palm Beach Gardens, FL**

Zip Code

**33410-1493**

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: **MITCHELL L. STUMP, CPA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-01**

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

TITLE **PSTD** ☐ Delete  
NAME **ROBERTS, CHARLES G**  
STREET ADDRESS **1232 12TH CT.**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VD** ☐ Delete  
NAME **ROBERTS, LAURA B**  
STREET ADDRESS **1232 12TH CT.**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4 PIPERS MEADOW TRAIL**  
CITY-ST-ZIP **PENFIELD, NY 14526**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4 PIPERS MEADOW TRAIL**  
CITY-ST-ZIP **PENFIELD, NY 14526**

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-19-01 716-388-1270**  
Date Daytime Phone #

CR2E034 (10/00)