

DOCUMENT # P99000011855

1. Entity Name

FIRST CLASS FITNESS OF NAPLES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90247 036 ***150.00

Principal Place of Business Mailing Address
 151-TRADE CENTER WAY 2151 TRADE CENTER WAY
 FL 34109 NAPLES FL 34109-2037



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-0899127		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent PIERCE, JOHN 2151 TRADE CENTER WAY NAPLES FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 *John H. Pierce* *John H. Pierce* *Owner* *1-5-00*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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		
NAME	TITLE	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
PIERCE, JOHN		2151 TRADE CENTER WAY			
NAPLES FL 34109					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TITLE	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TITLE	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TITLE	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TITLE	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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 *John H. Pierce* *John H. Pierce* *1-5-00* *941-598-4466*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)