2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000013160** GREEN'S FREEDOM FITNESS, INC. 04-30-2001 90429 026 ***150.00 Principal Place of Business Mailing Address 9819 G S MILITARY TR 9819 G S MILITARY TR BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0891039 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, DREW Street Address (P.O. Box Number is Not Acceptable) 5227 CEDAR LK RD BLDG 10 UNIT 16 **BOYNTON BEACH FL 33437** Zio 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TIT: F Delate NAME GREEN, DREW NAME STREET ADDRESS STREET ADDRESS 5337 CEDAR LAKE ROAD CITY - ST - ZIP BOYNTON BEOCH FL 33437 CITY-ST-7IP **BOYNTON BEACH FL 33437** TITLE Delete 7011.5 NAME BARNES, JEAN NAME STREET ADDRESS 2470 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIF APOPKA FL 32712 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Add-tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-7IP 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED