FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013160

10046546

1. Entity Name
GREEN'S FREEDOM FITNESS, INC.

Principal Place of Business	Mailing Address
6430 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437 US	6430 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8420 Riverbirch Dr.	8480 Riverbirch
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Roswell Ga	City & State: Roswell GA
Zip: 30076 Country: US ~~Florida~~	Zip: 30076 Country: US ~~Florida~~

4. FEI Number: 65-0891039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, DREW 6430 PARK LAKE CKRCLE BOYNTON BEACH, FL 33437	Name: Drew Green Street Address (P.O. Box Number Is Not Acceptable): 2470 Sweetwater-Country club Dr. City: APOPKA FL Zip Code: 32712

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] PSTD 3-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GREEN, DREW 6430 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Drew Green 8480 Riverbirch Drive Roswell GA 30076 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARNES, JEAN 2470 COUNTRY CLUB DR APOPKA, FL 32712 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/18/03 678 575 0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #