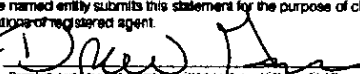


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 005 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013160		
1. Entity Name GREEN'S FREEDOM FITNESS, INC.		
Principal Place of Business 6430 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437 US		Mailing Address 6430 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437 US
2. Principal Place of Business 8420 Riverburch Dr.		3. Mailing Address 8420 Riverburch
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State ROSWELL GA		City & State ROSWELL GA
Zip 30076 Country US		Zip 30076 Country US
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 GREEN, DREW 6430 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name DREW GREEN Street Address (P.O. Box Number is Not Acceptable) 2470 Sweetwater Country Club Dr City APOPKA State FL Zip 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 obligation of registered agent. SIGNATURE  PSTD DATE 3-18-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent is required regardless of whether it is changing.)		
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 ☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD DREW GREEN 8420 RIVERBURCH DRIVE ROSWELL GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP BARNES, JEAN 2470 COUNTRY CLUB DR APOPKA, FL 32712		☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 90 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  PSTD		DATE 3/18/03 6785750102 Signature and typed or printed name of signing officer or director

10046546



☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)