

FILED
Jun 01, 2000 8:00 am
Secretary of State
01-18-2000 90118 005 ***150.00

DOCUMENT # P99000025050			
1. Entity Name LYNN COLOMBO FITNESS, INC.			
Principal Place of Business 36750 U.S. 19 NORTH PALM HARBOR FL 34684		Mailing Address P.O. BOX 1088 TARPON SPRINGS FL 34688-1088	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563772		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINSON, WILLIAM L 110 S. LEVIS AVE. TARPON SPRINGS FL 34689			
7. Name and Address of New Registered Agent Name JOSEPH LUKASON Street Address (P.O. Box Number is Not Acceptable) 1740 Brightwaters Blvd. NE City St. Petersburg FL Zip Code 33704-3815			

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.

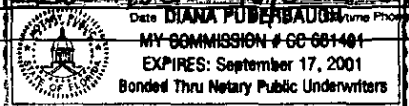
SIGNATURE: **JOSEPH C. LUKASON** DATE: **4/18/00**
(Signature, typed or printed name of registered agent and title if applicable. (P.O. Box Number is Not Acceptable) (Signature of registered agent required when reinstating)

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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLOMBO, LYNN P.O. BOX 1088 TARPON SPRINGS FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKASON, KATHLEEN A 5701 WESTSHORE DR. NEW PORT RICHEY FL 34652 ☐ Delete NEW ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHLEEN A. LUKASON 1741 Brightwaters Blvd. NE St. Petersburg, FL 33704-3815 ☐ 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
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

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 signatories.

SIGNATURE: **KATHLEEN A. LUKASON** 727 894-2187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2/25/00 Diana Puderbaugh

CR2E034 (9/99)