1/18/00-90118-005-$150.00-$150.00

FILED
Jun 01, 2000 8:00 am
Secretary of State

01-18-2000 90118 005 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000025050

1. Entity Name

LYNN COLOMBO FITNESS, INC.

Principal Place of Business	Mailing Address
36750 U.S 19 NORTH PALM HARBOR FL 34684	P.O. BOX 1088 TARPON SPRINGS FL 34688-1088

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 (Signature, typed or printed name of registered agent and title if applicable.) Joseph Lukason (NOTE: Registered Agent signature required when reinstating) DATE 4/18/00

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

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 ~~5791 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

CR2E034 (9/99)

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.

SIGNATURE: KATHLEEN A LUKASON 4/00 727 894-2187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIANA PUDERBAUGH
MY COMMISSION # CC 681401
EXPIRES: September 17, 2001
Bonded Thru Notary Public Underwriters

4/25/00 Diana Puderbaugh