

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**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 346882. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
1741 BRIGHTWATERS BLVD. NE
Suite, Apt. #, etc.City & State
City & State
ST. PETERSBURG FLZip Country
337043815 US4. FEI Number
59-3563772
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVINSON WILLIAM L
110 S. LEVIS AVE.
TARPON SPRINGS FL 34689 US**7. Name and Address of New Registered Agent**Name
LUKASON JOSEPH C
Street Address (P.O. Box Number is Not Acceptable)
1741 BRIGHTWATERS BLVD. NE
City
ST. PETERSBURG FL Zip Code
337043815

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****04/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LUKASON KATHLEEN A	
STREET ADDRESS	5791 WESTSHORE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLOMBO LYNN	
STREET ADDRESS	P.O. BOX 1088	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKASON KATHLEEN A	
STREET ADDRESS	1741 BRIGHTWATERS BLVD. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 337043815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Kathleen A. Lukason**Pres 04/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)