

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90008 010 ***150.00

DOCUMENT # P99000028113

1. Entity Name

"I AM" FITNESS, INC.

Principal Place of Business

5960 NW 61ST ST.
 Ocala FL 34482

Mailing Address

5960 NW 61ST ST.
 Ocala FL 34482-2665

2. Principal Place of Business

2467 SW 27 Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3038
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Ocala FL

City & State
 Ocala FL

4. FEI Number
 59-3565810

Applied For
 Not Applicable

Zip
 34474 Country USA

Zip
 34474 Country U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBOZA, MARJORIE
 5960 NW 61ST ST.
 Ocala FL 34482

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Marjorie Barboza - President* 3.13.00
 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, 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

TITLE	D Sec/Treasurer	<input type="checkbox"/> Delete
NAME	BARBOZA, CRAIG	
STREET ADDRESS	5960 NW 61ST ST.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D President	<input type="checkbox"/> Delete
NAME	BARBOZA, MARJORIE	
STREET ADDRESS	5960 NW 61ST ST.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, RANDY	
STREET ADDRESS	3340 NE 33RD AVE.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, LINDA	
STREET ADDRESS	3340 NE 33RD AVE.	
CITY-ST-ZIP	OCALA FL 34470	
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		<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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marjorie Barboza*, Marjorie Barboza, President, 3.13.00 352-629-7757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)