

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033980

1. Entity Name

FINALLY-FIT-WITH-DAVID-HERMAN, INC.

SPORTS AND BODY MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

P O BOX 770654
ORLANDO FL 32877-0654

14316 COLONIAL GRAND ELD
APT 3102
ORLANDO FL 32837

2. Principal Place of Business

14316 COLONIAL GRAND BLVD.

Suite, Apt. #, etc.

APT. 3102

3. Mailing Address

P.O. BOX 770654

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Country

USA

Zip

32877-0654

Country

USA

4. FEI Number

59-3569179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, DAVID M

5942 BENT PINE DRIVE

APT 341

ORLANDO FL 32822

Name

Street Address (P.O. Box Number is Not Acceptable)

14316 COLONIAL GRAND BLVD. #3102

City

ORLANDO

FL

Zip Code

32837

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

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

(NOT

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!
After MAY 1, 2001
Make Check Payable to

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **D**
HERMAN, DAVID N
STREET ADDRESS **14316 COLONIAL GRAND BLD #3102**
CITY-ST-ZIP **ORLANDO FL 32837-0654**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP **32837**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 043 ***150.00

J J J O U S



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)