

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91505 007 \*\*\*150.00

**DOCUMENT # P99000033980**

1. Entity Name

**SPORTS AND BODY MANAGEMENT, INC.**

Principal Place of Business

**14316 COLONIAL GRAND BLVD  
 APT. 3102  
 ORLANDO FL 32837**

Mailing Address

**P.O. BOX 770654  
 ORLANDO FL 32877-0654**

2. Principal Place of Business

**3344 CORONA Village Way**

3. Mailing Address

**P.O. Box 618690**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT. 308**

**ORLANDO, FL.**

City & State

City & State

**ORLANDO, FL.**

Zip

Country

Zip

Country

**32835**

**ORANGE**

**32861**

6. Name and Address of Current Registered Agent

**HERMAN, DAVID N**

**14316 COLONIAL GRAND BLVD,**

**APT. 3102**

**ORLANDO FL 32837**

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

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, 2002 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** ☒ Delete  
 NAME **HERMAN, DAVID N**  
 STREET ADDRESS **14316 COLONIAL GRAND BLD #3102**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PRESIDENT** ☐ Delete  
 NAME **HERMAN, DAVID N.**  
 STREET ADDRESS **3344 CORONA Village Way Apt. 308**  
 CITY-ST-ZIP **ORLANDO, FL. 32835**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/01/02**

CR2E034 (9/01)