

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90046 025 \*\*\*150.00

**DOCUMENT # P99000041227**

1. Entity Name  
**TRAINERS NOW, INC.**



Principal Place of Business  
**12848 NW 18 COURT  
PEMBROKE PINES FL 33028**

Mailing Address  
**12848 NW 18 COURT  
PEMBROKE PINES FL 33028**



2. Principal Place of Business

**2081 NW 98 WAY**

Suite, Apt. #, etc.

3. Mailing Address

**2081 NW 98 WAY**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PEMBROKE PINES, FL**

Zip  
**33024**

Country  
**USA**

City & State  
**PEMBROKE PINES, FL**

Zip  
**33024**

Country  
**USA**

4. FEI Number **65-0921378**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BOULANGER, BARBARA  
12848 NW 18 COURT  
PEMBROKE PINES FL 33028**

## 7. Name and Address of New Registered Agent

Name

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

**2081 NW 98 WAY**

City **PEMBROKE PINES**

FL

Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Boulanger*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

**4/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BOULANGER, BARBARA**  
STREET ADDRESS **12848 NW 18 COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VPD** ☒ Delete  
NAME **BOULANGER, DOMINIC**  
STREET ADDRESS **12848 NW 18 COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2081 NW 98 WAY**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Boulanger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03**  
Date

**954-931-9835**  
Daytime Phone #

CR2E034 (10/02)