

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90463 042 ***158.75

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DOCUMENT # P99000044074

1. Entity Name
IRONFIT, INC.



Principal Place of Business
**33920 US HIGHWAY 19 NORTH
SUITE 131
PALM HARBOR FL 34684**

Mailing Address
**1161 MARINA DR
TARPON SPRINGS FL 34689**



2. Principal Place of Business
34010 US HWY 19 N

3. Mailing Address
Suite, Apt. #, etc.

City & State
PALM HARBOR FL

City & State

4. FEI Number **59-3575761**

Applied For
Not Applicable

Zip **34684** Country **VINELLAS**

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KROL, NOELLE P
1161 MARINA DR
TARPON SPRINGS FL 34689**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROL, NOELLE P 1161 MARINA DRIVE TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1-5-02

727 780 8444

Date Daytime Phone #

CR2E034 (10/02)