

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052224

1. Entity Name

GRINZ FITNESS, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

04-25-2000 90147 010 ***150.00

Principal Place of Business

1194 CHESSINGTON CIRCLE
 HEATHROW FL 32746

Mailing Address

1194 CHESSINGTON CIRCLE
 HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EFL Number

59-3582683

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

SOLES, GARY
 215 N EOLA DRIVE
 ORLANDO FL 32801

Name

Grim, William T.

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

1194 Chessington Cir.

City

Heathrow

FL

Zip Code

32746

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

W T Grim

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

(NOTE: Registered Agent signature required when reinstating)

8-23-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D GRIM, WILLIAM T
 STREET ADDRESS 1194 CHESSINGTON CIRCLE
 CITY-ST-ZIP HEATHROW FL 32746

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

8-23-00

Date

(407) 776-4429

Daytime Phone #

CR2E034 (5/00)

Attachment
#P9900005224
20075

August 3, 2000

Division of Corporation
P.O box 1500
Tallahassee, Fl. 32302-1500

Subject: Uniform Business Report Filings

This letter is in regards to the filing of my uniform business report. I was told to inform you that I never receive a letter stating that you needed my FEI number. This is the only notice that I received in the mail. I understand that I will not be charge a late fee and you will complete the report. Thank you for your help.

Thank you,



William T. Grim