2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # P99000052960 1. Entity Name 05-29-2002 90682 008 ***150.00 FITNESS NATION OF TAMPA, INC. Principal Place of Business Mailing Address 6564 44TH STREET N 7116 GULF BLVD. STE E BLDG B. UNIT 804 ST PETE BEACH FL 33706 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2175476 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name -MCNAMARA, TERRANCE P Street Address (P.O. Box Number is Not Acceptable) 7116 GULF BLVD. STE E ST PETE BEACH FL 33706 City 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 Ę SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME DUNTON, MICHAEL L NAME STREET ADDRESS 6564 447H ST. N. BLDG 8, UNIT 804 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE DVS.P.T ☐ Delete TITLE Change Addition NAME GROSS, GREG NAME STREET ADDRESS 6564 44TH ST. N, BLDG 8, UNIT 804 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP

SIGNATURE:

MANSE REQUIRED

13. I hereby certify that the information supplied with this filling 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 attachyrent with an address with all other like empowered.

FILED

Attachment Document# P9900052960 436794

May 21, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is in reference to Document #P99000004506 for Alpha Fitness Equipment, Inc. and Document #P99000052960 for Fitness Nation of Tampa, Inc. I received notification of payment on April 25, 2002; however, I was hospitalized in St. Petersburg, FL shortly after that time for a diagnosis of kidney stones.

Upon discharge from the hospital, I was highly medicated for pain several weeks thereafter. For this reason, payment on this bill was an unfortunate oversight.

I am enclosing two checks in the amount of \$150.00 each. I would appreciate your consideration in this medical emergency that was out of my hands.

Again, thank you for your understanding in this matter.

Sincerely,

Gregory L Gross