

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 17, 2002 8:00 am  
Secretary of State

05-17-2002 90033 050 \*\*\*150.00

DOCUMENT # P990000 58282

1. Entity Name

The Ultimate Workout Group AT Battleground, Inc

NC LW

DO NOT WRITE IN THIS SPACE

662236

2. Principal Place of Business

2955 Battleground Ave

3. Mailing Address

1645 E HWY 193

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Greensboro, NC 27408

City & State

Layton VT

4. FEI Number

650930937

Applied For

Not Applicable

Zip

27408

Country

USA

Zip

84040

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard J. Simone

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

4411 Cleveland Ave

City

FT. Meyers

FL

Zip Code

33901

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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)

4/25/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME

STREET ADDRESS

CITY- ST- ZIP

P  
William A Green  
6601 NW 14th Street #2  
Plantation, FL 33313

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034B (12/01)