

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90824 001 ***300.00

DOCUMENT # P99000067515

1. Entity Name
FIT FOR FUN, INC.



Principal Place of Business
**320 HANNIBAL SQ. EAST
WINTER PARK FL 32789**

Mailing Address
**320 HANNIBAL SQ. EAST
WINTER PARK FL 32789**

2. Principal Place of Business

2175 ALOMA AVE

Suite, Apt. #, etc.

3. Mailing Address

2175 ALOMA AVE

Suite, Apt. #, etc.

City & State

Winter park

City & State

Winter park Florida

Zip

32792

Country

U.S.A

Zip

32792

Country

U.S.A

4. FEI Number

59-3593135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHMELING, SERGIO V
320 HANNIBAL SQ. EAST
WINTER PARK FL 32789**

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

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

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
SCHMELING, SERGIO V
1531 LASBURY AVE.
WINTER PARK FL 32792**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Sergio VON Schmeling
2175 ALOMA AVE
WINTER PARK FL 32792**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
Sergio VON Schmeling 3-27-03

Date

Daytime Phone #

407 740-6747

CR2E034 (10/02)