

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079780

1. Entity Name

MAXIMUM HEALTH & FITNESS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 29 AM 6:56

Principal Place of Business

Mailing Address

881 RIVIERA DR.N.E.
PALM BAY FL 32905

881 RIVIERA DR.N.E.
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

3445 COQUINA TERR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MAIABAR, FL

↓

4. FEI Number

59-8888888

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

ROWLAND, MARTINA
881 RIVIERA DR.N.E.
PALM BAY FL 32905

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME MARTINA ROWLAND, MARTINA A.
STREET ADDRESS 3445 COQUINA TERR
CITY-ST-ZIP MAIABAR, FL 32950

TITLE ☐ Delete
NAME ROWLAND, CHARLES M
STREET ADDRESS 3445 COQUINA TERR
CITY-ST-ZIP MAIABAR, FL 32950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/6/00 3217289150

CR2E034 15/001