

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079780

1. Entity Name

MAXIMUM HEALTH & FITNESS, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90310 045 ***150.00

Principal Place of Business

3445 COQUINA TERRACE
MALABAR FL 32950

Mailing Address

3445 COQUINA TERRACE
MALABAR FL 32950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ROWLAND, MARTINA
Street Address (P.O. Box Number is Not Acceptable): 3445 COQUINA TERRACE
City: MALABAR FL Zip Code: 32950

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	Spelled wrong	<input type="checkbox"/> Delete
NAME	ROULAND, MARTINA A		
STREET ADDRESS	3445 COQUINA TERR		
CITY-ST-ZIP	MALABAR FL 32950		
TITLE	V	Spelled wrong	<input type="checkbox"/> Delete
NAME	ROULAND, CHARLES M		
STREET ADDRESS	3445 COQUINA TERR		
CITY-ST-ZIP	MALABAR FL 32950		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, MARTINA	
STREET ADDRESS	3445 COQUINA TERR	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)