## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 19, 2000 8:00 am DOCUMENT # P9900082834 Secrétary of State 1. Entity Name UP AND RUNNING, INC. 03-06-2000 90091 007 \*\*\*150.00 Principal Place of Business Mailing Address 4760 NW 18TH STREET 4760 NW 18TH STREET FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313 18533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 42 AP 44 COUTAIN, MARY Street Address (P.O. Box Number is Not Acceptable) 4760 NW 18TH STREET FT. LAUDERDALE FL 33313 Zip Code F١ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Delete TITLE Change COUTAIN, MARY NAME NAME STREET ADDRESS STREET ADDRESS 4760 NW 18TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33313 ☐ Change ☐ Addition TITLE Delete TITLE NAME COUTAIN, MARTIN STREET ADDRESS STREET ADDRESS 4760 NW 18TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33313 TITI F TITLE Change ☐ Addition ☐ Delete EDMOND, TIFFANY NAME NAME STREET ADDRESS STREET ADDRESS 4760 NW 18TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33313 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PENTED NAME OF SIGNATURE AND TYPED OR PENTED NAME OF SIGNATURE OF SIGNATU

☐ Delete

7/12/00 (954) 485-589

☐ Change

Addition