

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088660

1. Entity Name

THE TURBO TRAINER, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90151 001 ***300.00

Principal Place of Business

Mailing Address

2151 EASE SEMORAN BLVD
APOPKA FL 32703

2151 EASE SEMORAN BLVD
APOPKA FL 32703

10400

2. Principal Place of Business

1345 TINDARO DR

3. Mailing Address

1345 TINDARO DR

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

APOKA FL

City & State

APOKA FL

4. FEI Number

39 3604521

Applied For

Not Applicable

Zip

32703

Country

Zip

32703

Country

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

NORTON, JAMES R
1345 TINDARO LANE DR
APOPKA FL 32703

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

PRESIDENT
James Groom
661 VIA MILANO
APOKA FL 32712

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
James Norton
1345 TINDARO DR
APOKA FL 32703

☐ Change

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change

☐ Addition

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 #

4/4/00 407 620 7742

CR2E034 (9/99)