

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 29, 2000 8:00 am  
Secretary of State

05-05-2000 90112 036 \*\*\*150.00

DOCUMENT # P99000089645

1. Entity Name

INNOVATIVE FITNESS, INC.

R

Principal Place of Business

1440 MELROSE ST.  
COCOA FL 32922

Mailing Address

1440 MELROSE ST.  
COCOA FL 32922-6539

2. Principal Place of Business

720 Roy Warr Blvd

3. Mailing Address

720 Roy Warr Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge FL

City & State

Rockledge FL

4. FEI Number

59-3605847

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32955

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES SHANNON, MICHAEL  
1440 MELROSE ST.  
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

MICHAEL James Shannon

Street Address (P.O. Box Number is Not Acceptable)

469 N. WATERWAY DR

City

SATELLITE BEACH

FL

Zip Code

32937

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)

3/23/00

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

TITLE D  
NAME JAMES SHANNON, MICHAEL  
STREET ADDRESS 1440 MELROSE ST.  
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME MICHAEL JAMES SHANNON  
STREET ADDRESS 469 N. WATERWAY DRIVE  
CITY-ST-ZIP SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 full other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. SHANNON

DATE

3/23/00

Daytime Phone #

321-637  
0922