

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90110 040 ***150.00

DOCUMENT # P99000091270

1. Entity Name
P & BL GYMS ALT., INC.

Principal Place of Business **Mailing Address**
5920 BUG LAKE RD. **5920 BUG LAKE RD.**
WINTER SPRINGS FL 32708 **WINTER SPRINGS FL 32708**

2. Principal Place of Business **3. Mailing Address**

130 East Altamonte Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 200
 City & State City & State

Altamonte Springs, FL
 Zip Country Zip Country

32701 Altamonte



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3603849** **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

LEWIS, BRENDA
2732 LAKE HOWELL LANE
WINTER PARK FL 32792

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 *Brenda J Lewis 1-24-02*
 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, 2002 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	D <input type="checkbox"/> Delete
NAME	LEWIS, PLEASANT A
STREET ADDRESS	2732 LAKE HOWELL LN.
CITY - ST - ZIP	WINTER PARK FL 32792
TITLE	ST <input type="checkbox"/> Delete
NAME	LEWIS, BRENDA J
STREET ADDRESS	2732 LAKE HOWELL LN.
CITY - ST - ZIP	WINTER PARK FL 32792
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	RUB, MICHAEL
STREET ADDRESS	3764 GATLIN CIRCLE
CITY - ST - ZIP	ORLANDO FL 32812
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Vice Pres, Secy, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Brenda J
STREET ADDRESS	2732 Lake Howell Ln
CITY - ST - ZIP	Winter Park, FL 32792
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: *Brenda J Lewis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 (703) 847-8004
 Date Daytime Phone #

0037024 SP

CR2E034 (9/01)