## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## P99000091270 DOCUMENT #

1. Entity Name

P & BL GYMS ALT., INC.



Mailing Address GOUS GYM Principal Place of Business 130 EAST ALTAMONTE DR 5920 BUG LAKE RD STE 200 WINTER SPRINGS FL 32708 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 91153 024 \*\*\*150.00



X CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired

59-3603849

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

LEWIS, BRENDA 2732 LAKE HOWELL LANE WINTER PARK FL 32792

ST

VST

7. Name and Address of New Registered Agent

LEWIS, PLEASANT

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

FEI Number

City WINTER PARK

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. 1 am familiar with, and accept the obligations of registered agent.

ተ FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

2732 LAKE HOWELL LN

WINTER PARK FL 32792

LEAJANT LEWIS DIRECTOR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

11.

NAME

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Addition

10. OFFICERS AND DIRECTORS TITLE ☐ Delete LEWIS, PLEASANT, A NAME ABRACIE CHANCE > STREET ADDRESS 2732 LAKE HOWELL LN. E CORRECT CITY-ST-ZIP WINTER PARK FL 32792

NAME STREET ADDRESS CITY-ST-ZIP

**Change** ☐ Addition

LEWIS, BRENDA J 2732 LAKE HOWELL LN. WINTER PARK FL 32792 LEWIS, BRENDA J

ADDRESS AND TITLE CHANGE

X Delete

Delete

☐ Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

LEWIS, BRENDA J 6011 FLORENCE LANE ALEXAMPRIA, VA 22310

Change Addition

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<u></u>	<del></del>	☐ Change	Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS ☐ Change ☐ Addition

☐ Change ☐ Addition

CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP