2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000097205

Entity Name: FITNESS SYSTEMS OF CONWAY, INC.

FILED Feb 13, 2003 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
16389 BRIDLEWOOD CIR DELRAY BEACH, FL 33445				1900 S. SEMORAN BLVD ORLANDO, FL 32812		
Current Mailing Address:				New Mailing Address:		
16389 BRIDLEWOOD CIR DELRAY BEACH, FL 33445				PO BOX 6730 DELRAY BEACH, FL 33482		
FEI Number: 65-0964481		FEI Number Applied For ()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WOOLARD, ANN 16389 BRIDLEWOOD CIR DELRAY BEACH, FL 33445				WOOLARD, ANN PO BOX 6730 DELRAY BEACH, FL 33482		
	named entity of Florida.	submits this statement for the	purpose of	changing its registered	l office or registered agent, or both,	
SIGNATURE: ANN WOOLARD				02/13/2003		
	Electro	nic Signature of Registered Ag	jent		Date	
	npaign Financin	g Trust Fund Contribution().	,	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WOOLARD, JA 16389 BRIDLE	WOOD CIR	N A	Fitle: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (WOOLARD, AI 16389 BRIDLE DELRAY BEAG	WOOD CIR	N A	Fitle: Name: Address: Dity-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. WOOLARD D 02/13/2003