8/9/01-90045-0

2001 UNIFORM BUSINESS REPORT (UBR DOCUMENT # P99000102772

FILED Aug 21, 2001 8:00 am Secretary of State

1. Entity Name			Secretary or k
BIG TIME COMMERCIAL	FITNESS, INC.		08-09-2001 90045 026 **: 08-21-2001 90030 021 **:
Principal Place of Business 12 MEMEMBACHER ROAD LEARWATER FL 33756	Mailing Address 632 NENLENBACHER RC CLEARWATER FL 33756		-
2. Principal Place of Business 8297-33 AV Suite, Apt. 4. etc. (ENUE No 3. Mailing Address B 391-35 M. Suite. Apt. 4, etc.	MENUE NO	DO NOT WRITE IN THIS SPACE
City & State SC. PETERSBURG.	FL ST. PETERSBU	Kin	4. FEI Number 59-3609816 Applied For Not Applicable
33710 Count	^{zip} 33710	Country	5. Certificate of Status Desired
EDWARDS, SHERYL A E 1800 SECOND STREET		Name Street Addr	7. Name and Address of New Registered Agent Idress (P.O. Box Number is Not Acceptable)
SUITE 757 SARASOTA FL 34236		City	FL Zip Code
SIGNATURE		g its registered office or re-	registered agent, or both, in the State of Florida. In required when remaissing) DATE
This corporation is eligible to sat Tax filing requirement and elects (See criteria on back)	s to do so. After MAY 1,	Will FEE IS \$150.00 , 2001 Fee will be \$550 yable to Department of	50.00 Trust Fund Contribution.
TI. ITLE D EDWARDS, JACK ITHER ADDRESS 632 MEHLENBACH ITY-ST-ZIP CLEARWATER FL	HER ROAD	NAME E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Crampe Addition ED WARDS JACK B B291-7310 AUZILLE DUCH 6- 8-6-6-6-6-1-0-6-6 1- 35710
TLE AME PREET ADDRESS TY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Champe Addition
TLE AME ANE REET ADDRESS TY-ST-ZIP	☐ Deleta	STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZUP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS -	☐ Change ☐ Addition
LE ME MEET ADDRESS • 1 Y-ST-ZIP	☐ Delite	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the corporation or the receive changed, or on an attachment w	tion supplied with this filling does not quality lemental report is true and accurate and the or inside empowerd to expect this rep with an address, with all other like empower Use and TYPED ON PRINTED NAME OF SIGNAMO OFFICE	ort as required by Chapte red.	ad in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or director other 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if