

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107083

1. Entity Name

EUPHORIA FITNESS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90912 030 ***150.00

Principal Place of Business

210 FERN CREEK AVENUE
 ORLANDO FL 32803

Mailing Address

210 FERN CREEK AVENUE
 ORLANDO FL 32803

2. Principal Place of Business

210 Ferncreek Ave

3. Mailing Address

210 Ferncreek Ave

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

US

Zip

32803

Country

US

4. FEI Number

59-3617145

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

INFINGER, JASON L
 210 FERN CREEK AVENUE
 ORLANDO FL 32803

Name

JASON L Infinger

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

210 Ferncreek Ave

City

Orl

FL

Zip Code

32803

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)

DATE

4-23-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS INFINGER, JASON I
 CITY-ST-ZIP 210 FERN CREEK AVENUE
 ORLANDO FL 32803

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

TITLE ☐ Delete
 NAME VSD
 STREET ADDRESS CHIOJI, WENDY
 CITY-ST-ZIP 1021 LINCOLN CIRCLE
 WINTER PARK FL 32789

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS HUSTY, TODD
 CITY-ST-ZIP 5690 S. LAKE BURKETT LANE
 WINTER PARK FL 32789

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-00 (402) 526-0904

CR2E034 (9/99)