

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107083

1. Entity Name  
EUPHORIA FITNESS, INC.

FILED

02 OCT 23 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

1917 1/2 ALUMA AVE

3. Mailing Address

2102 EAST ROBINSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o HAYES ASSOCS, CPA, PA

City & State

WINTER PARK, FL

City & State

ORLANDO, FL

4. FEI Number

59-3617145

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INFINGER, JASON L  
210 FERN CREEK AVENUE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

RICHARD F. HAYES CPA

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

2102 EAST ROBINSON STREET

City

ORLANDO

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

*Richard F. Hayes*

RICHARD F. HAYES

10-22-02

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

TITLE PD ☐ Delete

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

TITLE VSD ☐ Delete

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

TITLE TD ☐ Delete

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition

NAME INFINGER, JASON  
STREET ADDRESS 210 FERN CREEK RD  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition

NAME 100008802511  
STREET ADDRESS 11/05/02--01036--013 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02

Date

Daytime Phone #

CR2E034 (9/01)