

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40408

1. Entity Name

WOMEN'S HEALTH AND FITNESS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90029 002 ***150.00

Principal Place of Business

7262 W COLONIAL DR.
ORLANDO FL 32818
US

Mailing Address

280 STATE RD #434
SUITE 1049
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

102 SWEETWATER CLUB
BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD FLA

City & State

Zip

32779

Country

SEMIPOLE

Zip

Country

4. FEI Number

59-3058748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALLUCK, BERNARD
280 STATE ROAD - 434
SUITE 1049
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

BERNARD F PALLUCK

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

102 SWEETWATER CLUB BLVD

City

LONGWOOD FL

FL

Zip Code

32779

8. The above named entity submits this statement for the purpose of changing its registered office, 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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	PALLUCK, BERNARD F.	102 SWEETWATER CLUB BLVD	LONGWOOD FL	<input type="checkbox"/>
P	PALLUCK, EDDIE M	102 SWEETWATER CLUB	LONGWOOD FL	<input type="checkbox"/>
S	JENKINS, WENDY	6118 GAMBLE DRIVE	ORLANDO FL	<input checked="" type="checkbox"/>
T	HEARON, LISA	1162 PASEO DEL MAR	CASSELBERRY FL 32707	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

BERNARD F PALLUCK PRES

Date

APRIL 2000

Daytime Phone #

407 7828859

CR2E034 (9/99)