

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07924

1. Entity Name

WORLD OF HEALTH & FITNESS INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90022 002 ***150.00

Principal Place of Business

1740 SE 44TH STREET
CAPE CORAL FL 33904
US

Mailing Address

BOX 622
CAPE CORAL FL 33910-0600
US

2. Principal Place of Business

3. Mailing Address

PO Box 100622

Suite, Apt. #, etc.

Cape Coral FL

City & State
Cape Coral FL

Zip
33910-0622

Country

4. FEI Number 59-3104463

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

SKRZYNIARZ, DEBORAH
1740 SE 44TH STREET
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

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 P
NAME SKRZYNIARZ, PAUL
STREET ADDRESS 1740 SE 44TH STREET
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

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

TITLE V
NAME SKRZYNIARZ DEBORAH
STREET ADDRESS 1740 SE 44TH STREET
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Deborah Skrzyniarz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 941-542-7642